

**Experiment Number:** 20303 - 05

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** RATS/F 344/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Vinylidene chloride

**CAS Number:** 75-35-4

**Date Report Requested:** 12/12/2011

**Time Report Requested:** 09:47:55

**First Dose M/F:** 06/06/05 / 06/06/05

**Lab:** BNW

F1\_R2

**NTP Study Number:** C20303

**Lock Date:** 05/09/2008

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 2.5.0.0\_004

**PWG Approval Date:** NONE

Note: Animals arranged according to days on test.

**Experiment Number:** 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

**Date Report Requested:** 12/12/2011

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**First Dose M/F:** 06/06/05 / 06/06/05

## Lab: BNW

FISCHER 344 RATS MALE	DAY ON TEST	ANIMAL ID																		males (cont...)
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	3	4	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	
	6	9	1	5	6	6	9	1	2	3	4	5	6	6	7	7	7	7	8	
	7	7	2	4	1	2	4	1	4	0	5	4	5	4	1	9	0	5	8	
Control	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1	2	0	2	5	3	3	3	1	2	4	4	0	1	4	2	2	0	2	
	9	6	5	7	0	5	2	7	6	9	3	4	4	2	5	7	5	4	1	

# ALIMENTARY SYSTEM

## CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

| ... Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20303 - 05

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**First Dose M/F:** 06/06/05 / 06/06/05

Lab: BNW

FISCHER 344 RATS MALE	DAY ON TEST	males (cont...)																			
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3	4	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	7
	6	9	1	5	6	6	9	1	2	3	4	5	6	6	7	7	7	7	8	9	0
	7	2	4	1	2	4	1	4	0	5	4	5	4	1	9	0	5	6	8	9	1
Control	ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		1	2	0	2	5	3	3	3	1	2	4	4	0	1	4	2	2	0	2	1
		9	6	5	7	0	5	2	7	6	9	3	4	2	5	7	5	4	1	2	6

### Blood Vessel

1

Heart

Pericardium, Osteosarcoma, Metastatic, Bone

## **ENDOCRINE SYSTEM**

## Adrenal Cortex Adenoma

Adrenal Medulla  
Pheochromocytoma Benign  
Pheochromocytoma Malignant

## Islets, Pancreatic Adenoma Carcinoma

## Parathyroid Gland

Pituitary Gland  
Pars Distalis, Adenoma

Thyroid Gland  
C-cell, Adenoma  
C-cell, Carcinoma

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I. Insufficient tissue

#### M .. Missing tissue

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**Time Report Requested:** 09:47:55

**First Dose M/F:** 06/06/05 / 06/06/0

Lab: BNW

## **HEMATOPOIETIC SYSTEM**

\* Total animals with tissue examined microscopically: Total animals with tumor

± = Tissue examined microscopically

X Lesion present

X .. Lesion present

## M Missing tissue

A = Autolysis precludes evaluation

**BLANK** Not examined microscopically

**Experiment Number:** 20303 - 05

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Lab: BNW

## **INTEGUMENTARY SYSTEM**

## MUSCULOSKELETAL SYSTEM

## **NERVOUS SYSTEM**

## **RESPIRATORY SYSTEM**

\* Total animals with tissue examined microscopically: Total animals with tumor

## M Missing tissue

† = Tissue examined microscopically

A .. Autolysis precludes evaluation

X Lesion present

**BLANK** Not examined microscopically

X .. Lesion present

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## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** RATS/F 344/N

### Vinylidene chloride

**CAS Number:** 75-35-4

**Date Report Requested:** 12/12/2011

Time Report Requested: 09:47:55

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Lab: BNW

\* .. Total animals with tissue examined microscopically; Total animals with tumo

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X .. Lesion present

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X .. Lesion present

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**First Dose M/F:** 06/06/05 / 06/06/05

Lab: BNW

FISCHER 344 RATS MALE		DAY ON TEST																							
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Control		ANIMAL ID	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
			2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3
0	0	0	9	9	9	9	9	9	9	9	9	0	0	0	0	0	0	0	0	0	0	0	0	1	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	2	3	3	3	3	4	4	4	4	4	0	0	1	1	1	1	2	2	3	3	3	4	
3	7	1	0	3	4	0	1	2	8	9	4	8	1	4	7	8	3	8	1	8	9	5	9	0	

# ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47	
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46	
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47	
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47	
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47	
Liver Hepatocellular Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
																				1		
Mesentery						+			+	+				+		+	+	+	+	+	+	16
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49	
Tooth																			+		1	

## CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically: Total animals with tumor

+ .. Tissue examined microscopically

X - Lesion present

#### I. Insufficient tissue

M .. Missing tissue

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**Experiment Number:** 20303 - 05

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**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** RATS/F 344/N

## Vinylidene chloride

CAS Number: 75-35-4

**Date Report Requested:** 12/12/2011

Time Report Requested: 09:47:55

**First Dose M/F:** 06/06/05 / 06/06/05

Lab: BNW

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

\* Total animals with tissue examined microscopically: Total animals with tumor

± .. Tissue examined microscopically

X - Lesion present

#### | Insufficient tissue

M Missing tissue

A - Autolysis precludes evaluation

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CAS Number: 75-35-4

Date Report Requested: 12/12/2011

Time Report Requested: 09:47:55

First Dose M/F: 06/06/05 / 06/06/05

Lab: BNW

		DAY ON TEST	FISCHER 344 RATS MALE																								
Control	ANIMAL ID		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
* TOTALS																											

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Adenoma																											2
Carcinoma																											2
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Bilateral, Interstitial Cell, Adenoma	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	20	
Interstitial Cell, Adenoma	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12	

## HEMATOPOIETIC SYSTEM

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49	
Lymph Node																											6
Lymph Node, Bronchial	M	M	M	+	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	8	
Osteosarcoma, Metastatic, Bone																											1
Lymph Node, Mandibular	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	1	
Lymph Node, Mediastinal	+	+	M	+	M	+	+	+	+	+	+	+	+	+	+	M	M	+	M	+	M	+	M	+	M	+	28
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Thymus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	M	+	+	+	42	

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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**Experiment Number:** 20303 - 05

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**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** RATS/F 344/N

#### Vinylidene chloride

CAS Number: 75-35-7

**Date Report Requested:** 12/12/2011

**Time Report Requested:** 09:47:55

**First Dose M/E:** 06/06/05 / 06/06/05

Lab: BNW

## **INTEGUMENTARY SYSTEM**

## MUSCULOSKELETAL SYSTEM

## **NERVOUS SYSTEM**

# RESPIRATORY SYSTEM

\* Total animals with tissue examined microscopically: Total animals with tumor

± .. Tissue examined microscopically

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| Insufficient tissue

## M Missing tissue

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**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** RATS/F 344/N

### Vinylidene chloride

CAS Number: 75-35-4

**Date Report Requested:** 12/12/2011

Time Report Requested: 09:47:55

**First Dose M/F:** 06/06/05 / 06/06/05

Lab: BNW

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#### Vinylidene chloride

CAS Number: 75-35-4

**Time Report Requested:** 09:47:55

**First Dose M/F:** 06/06/05 / 06/06/0

Lab: BNW

FISCHER 344 RATS MALE	DAY ON TEST	ANIMAL ID																		males (cont...)
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25 ppm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	males (cont...)
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	3	0	3	4	3	0	1	4	2	2	0	0	1	0	0	4	2	3	1	
	7	7	4	4	5	6	3	8	3	0	2	1	5	1	5	4	4	9	2	

# ALIMENTARY SYSTEM

\* Total animals with tissue examined microscopically: Total animals with tumor

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X Lesion present

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**Lab:** BNW

FISCHER 344 RATS MALE	DAY ON TEST																				
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 ppm	ANIMAL ID	2	3	4	4	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6
		9	5	6	9	3	4	4	8	0	3	9	7	1	9	9	0	1	9	6	8
25 ppm	ANIMAL ID	4	5	6	2	5	3	5	8	0	3	9	7	1	9	9	0	1	9	6	8
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 ppm	ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
25 ppm	ANIMAL ID	3	0	3	4	3	0	1	4	2	2	2	0	0	1	0	2	3	1	2	4
		7	7	4	4	5	6	3	8	3	2	0	2	3	2	1	5	1	5	4	8

Histiocytic Sarcoma  
Leukemia Mononuclear  
Mesothelioma Malignant

X X X X X X X X X X X X X X X X X X

**males**  
**(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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#### I. Insufficient tissue

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Lab: BNW

		DAY ON TEST	0 7 2 9																					
		ANIMAL ID	0 0 2 0 9	0 0 2 1 5	0 0 2 2 1	0 0 2 2 2	0 0 2 3 0	0 0 2 3 1	0 0 2 3 3	0 0 2 3 7	0 0 2 4 9	0 0 2 4 0	0 0 2 1 4	0 0 2 1 6	0 0 2 1 9	0 0 2 2 5	0 0 2 2 2	0 0 2 3 6	0 0 2 4 0	0 0 2 4 6	0 0 2 7 7	0 0 2 7 8	0 0 2 3 8	0 0 2 4 3

\* TOTALS

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	44
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	43
Sarcoma Stromal		X																						1
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Carcinoma, Metastatic, Urinary Bladder																								1
Hepatocellular Adenoma																								1
Mesentery							+			+														15
Carcinoma, Metastatic, Urinary Bladder																								1
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Carcinoma, Metastatic, Urinary Bladder																								1
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically





Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

FISCHER 344 RATS MALE	DAY ON TEST																					* TOTALS		
		0 7 2 9																						
25 ppm	ANIMAL ID	0 0 2 0 9	0 0 2 1 5	0 0 2 2 1	0 0 2 2 2	0 0 2 2 2	0 0 2 3 0	0 0 3 3 1	0 0 3 3 3	0 0 3 3 7	0 0 3 4 9	0 0 4 4 0	0 0 1 1 4	0 0 1 1 6	0 0 1 1 9	0 0 2 2 5	0 0 2 3 2	0 0 3 4 6	0 0 4 4 7	0 0 2 2 7	0 0 2 2 8	0 0 3 4 3		
Lymph Node, Mesenteric		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Spleen		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Thymus		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	43		
<b>INTEGUMENTARY SYSTEM</b>																								
Mammary Gland Fibroadenoma		+	+	+	+	M	M	+	+	+	+	M	+	M	+	+	+	+	+	+	M	+	M	M
Skin Keratoacanthoma Squamous Cell Papilloma Subcutaneous Tissue, Fibroma Subcutaneous Tissue, Sarcoma		+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	X	+	+	+	
<b>MUSCULOSKELETAL SYSTEM</b>																								
Bone		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Skeletal Muscle Carcinoma, Metastatic, Urinary Bladder																							4	
<b>NERVOUS SYSTEM</b>																								
Brain		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
<b>RESPIRATORY SYSTEM</b>																								
Larynx Carcinoma, Metastatic, Thyroid Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49		

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue







Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

	DAY ON TEST	0 2 9 6	0 4 1 8	0 5 2 3	0 5 0 0	0 5 3 5	0 5 5 7	0 5 7 3	0 5 4 3	0 5 9 1	0 5 9 6	0 6 0 3	0 6 1 7	0 6 3 7	0 6 4 2	0 6 6 0	0 6 6 1	0 6 6 6	0 6 6 8	0 6 6 3
FISCHER 344 RATS MALE	ANIMAL ID	0 0 4 1 7	0 0 4 3 8	0 0 4 0 7	0 0 4 2 6	0 0 4 3 1	0 0 4 2 0	0 0 4 3 3	0 0 4 3 4	0 0 4 1 5	0 0 4 2 1	0 0 4 0 3	0 0 4 4 1	0 0 4 3 6	0 0 4 4 2	0 0 4 4 8	0 0 4 0 0	0 0 4 1 9	0 0 4 2 7	0 0 4 2 5

males  
(cont...)

Blood Vessel

+

Heart

+ +

## ENDOCRINE SYSTEM

Adrenal Cortex  
Adenoma

+ + + + + A +

X

Adrenal Medulla  
Pheochromocytoma Benign  
Bilateral, Pheochromocytoma Benign

+ + + + + A +

X

X

X

Islets, Pancreatic  
Adenoma  
Carcinoma

+ +

X

Parathyroid Gland  
Adenoma

+ + M + + + + + M +

Pituitary Gland  
Pars Distalis, Adenoma

+ +

Thyroid Gland  
C-cell, Adenoma  
C-cell, Carcinoma  
Follicular Cell, Carcinoma

+ +

X

X

## GENERAL BODY SYSTEM

Peritoneum

+ +

+

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

Test Type: CHRONIC

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Vinylidene chloride

CAS Number: 75-35-4

Date Report Requested: 12/12/2011

Time Report Requested: 09:47:55

First Dose M/F: 06/06/05 / 06/06/05

Lab: BNW

DAY ON TEST

**FISCHER 344 RATS MALE****50 ppm**

ANIMAL ID

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 9 | 1 | 2 | 0 | 0 | 3 | 5 | 5 | 6 | 7 | 7 | 8 | 9 | 9 | 0 | 1 | 1 | 3 | 4 | 4 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 8 |
| 6 | 8 | 3 | 0 | 2 | 5 | 5 | 7 | 3 | 4 | 5 | 6 | 1 | 6 | 3 | 7 | 7 | 2 | 2 | 0 | 1 | 6 | 8 | 3 | 8 | 3 | 3 |   |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 1 | 1 | 3 | 0 | 2 | 3 | 3 | 2 | 4 | 3 | 4 | 1 | 2 | 4 | 0 | 4 | 4 | 3 | 0 | 1 | 0 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |
| 7 | 8 | 7 | 6 | 1 | 0 | 3 | 0 | 4 | 4 | 5 | 1 | 4 | 3 | 3 | 1 | 6 | 2 | 4 | 4 | 8 | 0 | 9 | 7 | 5 | 5 | 5 | 5 |

**males  
(cont...)****GENITAL SYSTEM**

Epididymis

+ +

Penis

+

Preputial Gland

Adenoma

Carcinoma

+ + + + + + + + + + + + + M + + + + + + + + + + + + + + +

X

X

Prostate

+ +

Seminal Vesicle

Adenoma

+ + + + + + + + + + A + + + + A + + + + + + + + + + + + + +

X

Testes

Bilateral, Interstitial Cell, Adenoma

Interstitial Cell, Adenoma

+ + + + + + + + + + X + + + X X X X + + + + + + X X X X + + X X

X

X

X

X

X

X

X

X

X

X

X

X

**HEMATOPOIETIC SYSTEM**

Bone Marrow

+ + + + + A + + + + + + + + + + A + + + + + + + + + + + +

Lymph Node

+ + + + + + + + + +

Lymph Node, Bronchial

M M M M M M M M + + M M M M M M + M M M M M M M M M M + M M

Lymph Node, Mandibular

M M

Lymph Node, Mediastinal

M + + M + M M M + M + M + M A + + M + + M + + M + + M + + M + + M

Lymph Node, Mesenteric

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|                       | DAY ON TEST | males<br>(cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                       |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FISCHER 344 RATS MALE | 2           | 4                  | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 50 ppm                | 9           | 1                  | 2 | 0 | 0 | 3 | 5 | 5 | 7 | 7 | 8 | 9 | 9 | 0 | 1 | 1 | 3 | 4 | 6 | 6 | 6 | 6 | 6 | 6 | 8 |
|                       | 6           | 8                  | 3 | 0 | 2 | 5 | 5 | 7 | 3 | 4 | 5 | 6 | 1 | 6 | 3 | 7 | 7 | 2 | 2 | 0 | 1 | 6 | 6 | 8 | 3 |
|                       | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                       | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                       | 4           | 4                  | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
|                       | 1           | 1                  | 3 | 0 | 2 | 3 | 3 | 2 | 4 | 3 | 4 | 1 | 2 | 4 | 0 | 4 | 4 | 3 | 0 | 1 | 0 | 1 | 1 | 2 | 2 |
|                       | 7           | 8                  | 7 | 6 | 1 | 0 | 3 | 0 | 4 | 4 | 5 | 1 | 4 | 3 | 3 | 1 | 6 | 2 | 4 | 4 | 8 | 0 | 1 | 9 | 7 |

Spleen

+ +

Thymus

Carcinoma, Metastatic, Thyroid Gland

+ M + + + + M + + + + + + + A + + + + + + M + + M +

X

**INTEGUMENTARY SYSTEM**

Mammary Gland

Carcinoma

Fibroadenoma

M + + M M M M + M M M M M + M M M + M M + + + + M

X

Skin

Keratoacanthoma

Squamous Cell Papilloma

Trichoepithelioma

Subcutaneous Tissue, Fibroma

Subcutaneous Tissue, Fibroma, Multiple

Subcutaneous Tissue, Schwannoma Malignant

+ +

X

X

X

**MUSCULOSKELETAL SYSTEM**

Bone

+ +

Skeletal Muscle

+ +

+ +

**NERVOUS SYSTEM**

Brain

Granular Cell Tumor Benign

+ +

Peripheral Nerve

+

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE | 50 ppm | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |
|-----------------------|--------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
|                       |        |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
|                       |        | 2           | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |                    |
|                       |        | 9           | 1 | 2 | 0 | 0 | 3 | 5 | 5 | 6 | 7 | 7 | 8 | 9 | 9 | 0 | 1 | 1 | 3 | 4 | 4 | 6 | 6 | 6 | 6 | 6 | 8                  |
|                       |        | 6           | 8 | 3 | 0 | 2 | 5 | 5 | 7 | 3 | 4 | 5 | 6 | 1 | 6 | 3 | 7 | 7 | 2 | 2 | 0 | 1 | 6 | 6 | 8 | 3 |                    |
|                       |        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
|                       |        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
|                       |        | 4           | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |                    |
|                       |        | 1           | 1 | 3 | 0 | 2 | 3 | 3 | 2 | 4 | 3 | 4 | 1 | 2 | 4 | 0 | 4 | 4 | 3 | 0 | 1 | 0 | 1 | 1 | 2 | 2 |                    |
|                       |        | 7           | 8 | 7 | 6 | 1 | 0 | 3 | 0 | 4 | 4 | 5 | 1 | 4 | 3 | 3 | 1 | 6 | 2 | 4 | 4 | 8 | 0 | 9 | 7 | 5 |                    |

Spinal Cord

+

**RESPIRATORY SYSTEM**

Larynx

Carcinoma, Metastatic, Thyroid Gland

+ + + + + A + X

Lung

Alveolar/Bronchiolar Adenoma

Alveolar/Bronchiolar Carcinoma

Carcinoma, Metastatic, Kidney

Carcinoma, Metastatic, Thyroid Gland

+ X

X

Nose

Sarcoma

Respiratory Epithelium, Adenoma

+ X

Trachea

Carcinoma, Metastatic, Thyroid Gland

+ + + + + A + X

**SPECIAL SENSES SYSTEM**

Eye

+ + + + + A + + + + + A + + + + + A + + + + + + + + + + + + + + + + + +

Harderian Gland

+ + + + + A + + + + + + + + + + + A + + + + + + + + + + + + + + + + + +

**URINARY SYSTEM**

Kidney

Renal Tubule, Carcinoma

+ + + + + A +

Urinary Bladder

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE<br>50 ppm | DAY ON TEST<br>ANIMAL ID | males<br>(cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|--------------------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                 |                          | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 | 2                        | 4                  | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|                                 | 9                        | 1                  | 2 | 0 | 0 | 3 | 5 | 5 | 6 | 7 | 7 | 8 | 9 | 9 | 0 | 1 | 1 | 3 | 4 | 6 | 6 | 6 | 6 | 6 | 6 | 8 |
|                                 | 6                        | 8                  | 3 | 0 | 2 | 5 | 5 | 7 | 3 | 4 | 5 | 6 | 1 | 6 | 3 | 7 | 7 | 2 | 2 | 0 | 1 | 6 | 8 | 3 |   |   |
|                                 | 0                        | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 | 0                        | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 | 4                        | 4                  | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
|                                 | 1                        | 1                  | 3 | 0 | 2 | 3 | 3 | 2 | 4 | 3 | 4 | 1 | 2 | 4 | 0 | 4 | 4 | 3 | 0 | 1 | 0 | 1 | 1 | 2 | 2 | 2 |
|                                 | 7                        | 8                  | 7 | 6 | 1 | 0 | 3 | 0 | 4 | 4 | 5 | 1 | 4 | 3 | 3 | 1 | 6 | 2 | 4 | 4 | 8 | 0 | 9 | 7 | 5 |   |

## SYSTEMIC LESIONS

Multiple Organ  
Histiocytic Sarcoma  
Leukemia Mononuclear  
Mesothelioma Malignant

| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

Test Type: CHRONIC

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Vinylidene chloride

CAS Number: 75-35-4

Date Report Requested: 12/12/2011

Time Report Requested: 09:47:55

First Dose M/F: 06/06/05 / 06/06/05

Lab: BNW

| FISCHER 344 RATS MALE | 50 ppm | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|-----------------------|--------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                       |        |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| ANIMAL ID             |        | 6           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                       |        | 8           | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |
|                       |        | 9           | 8 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 1        |
|                       |        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                       |        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                       |        | 4           | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4        |
|                       |        | 2           | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 4 | 5 | 0 | 0 | 1 | 2 | 2 | 2 | 3 | 4        |
|                       |        | 3           | 7 | 2 | 5 | 2 | 3 | 6 | 8 | 1 | 5 | 8 | 7 | 0 | 1 | 9 | 5 | 2 | 6 | 9 | 6 | 9 | 0        |

**ALIMENTARY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |    |
| Carcinoma, Metastatic, Thyroid Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |    |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |    |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |    |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |    |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |    |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Mesentery                            |   | + |   |   | + | + |   |   |   | + | + |   | + |   | + | + |   |   |   |   |   |   |    | 21 |
| Pancreas                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Acinus, Adenoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Duct, Carcinoma                      |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Salivary Glands                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Stomach, Forestomach                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Stomach, Glandular                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |    |

**CARDIOVASCULAR SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE              | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |          |
|------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----------|
|                                    |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |          |
| 50 ppm                             | ANIMAL ID   | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | * TOTALS |
|                                    |             | 8 | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        |          |
| Blood Vessel                       |             | 9 | 8 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9        | 1        |
| Heart                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 50       |
| <b>ENDOCRINE SYSTEM</b>            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |          |
| Adrenal Cortex                     |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 49       |
| Adenoma                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1        |
| Adrenal Medulla                    |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48       |
| Pheochromocytoma Benign            |             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 5        |
| Bilateral, Pheochromocytoma Benign |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 3        |
| Islets, Pancreatic                 |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 50       |
| Adenoma                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 3        |
| Carcinoma                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 4        |
| Parathyroid Gland                  |             | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 47       |
| Adenoma                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1        |
| Pituitary Gland                    |             | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 49       |
| Pars Distalis, Adenoma             |             | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X        | 26       |
| Thyroid Gland                      |             | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 49       |
| C-cell, Adenoma                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 4        |
| C-cell, Carcinoma                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 3        |
| Follicular Cell, Carcinoma         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1        |

**GENERAL BODY SYSTEM**

Peritoneum

+

4

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|                       | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|-----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                       |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| FISCHER 344 RATS MALE | 6           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |
| 50 ppm                | 8           | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |
|                       | 9           | 8 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1        |
|                       | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                       | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                       | 4           | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4        |
|                       | 2           | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 4 | 5 | 0 | 0 | 1 | 2 | 2 | 2 | 3 | 4 | 4        |
|                       | 3           | 7 | 2 | 5 | 2 | 3 | 6 | 8 | 1 | 5 | 8 | 7 | 0 | 1 | 9 | 5 | 2 | 6 | 2 | 9 | 6 | 9        |

**GENITAL SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Penis                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Preputial Gland                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Adenoma                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   | 2  |
| Carcinoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 3  |
| Prostate                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenoma                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Testes                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Bilateral, Interstitial Cell, Adenoma | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 17 |
| Interstitial Cell, Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 22 |

**HEMATOPOIETIC SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| Lymph Node, Bronchial   | + | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 9  |
| Lymph Node, Mandibular  | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 1  |
| Lymph Node, Mediastinal | M | + | + | + | M | M | + | M | + | M | + | M | + | M | + | M | + | M | + | M | M | 24 |
| Lymph Node, Mesenteric  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

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I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| <b>FISCHER 344 RATS MALE</b>         | <b>50 ppm</b> | <b>DAY ON TEST</b> |   |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |  | <b>* TOTALS</b> |
|--------------------------------------|---------------|--------------------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|-----------------|
|                                      |               |                    | 0<br>6<br>8<br>9                                  | 0<br>6<br>9<br>8                | 0<br>7<br>0<br>5                | 0<br>7<br>2<br>9                | 0<br>7<br>2<br>9                | 0<br>7<br>2<br>9                | 0<br>7<br>2<br>9                | 0<br>7<br>3<br>9                | 0<br>7<br>3<br>0                |  |                 |
| ANIMAL ID                            |               |                    | 0<br>0<br>0<br>0<br>4<br>2<br>3                   | 0<br>0<br>0<br>0<br>4<br>0<br>7 | 0<br>0<br>0<br>0<br>4<br>0<br>2 | 0<br>0<br>0<br>0<br>4<br>1<br>6 | 0<br>0<br>0<br>0<br>4<br>1<br>8 | 0<br>0<br>0<br>0<br>4<br>2<br>1 | 0<br>0<br>0<br>0<br>4<br>3<br>5 | 0<br>0<br>0<br>0<br>4<br>3<br>8 | 0<br>0<br>0<br>0<br>4<br>5<br>7 | 0<br>0<br>0<br>0<br>4<br>0<br>0 | 0<br>0<br>0<br>0<br>4<br>1<br>9 | 0<br>0<br>0<br>0<br>4<br>2<br>5 | 0<br>0<br>0<br>0<br>4<br>2<br>6 | 0<br>0<br>0<br>0<br>4<br>3<br>6 | 0<br>0<br>0<br>0<br>4<br>3<br>9 | 0<br>0<br>0<br>0<br>4<br>4<br>0 | 0<br>0<br>0<br>0<br>4<br>4<br>8 | 0<br>0<br>0<br>0<br>4<br>4<br>2 | 0<br>0<br>0<br>0<br>4<br>4<br>9 |  |                 |
| Spleen                               |               |                    | +       |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |  | 50              |
| Thymus                               |               |                    | + + + M + M + + + + + + + + + + + + M + + + M + + |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |  | 41              |
| Carcinoma, Metastatic, Thyroid Gland |               |                    |   |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |  | 1               |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                             | + | M | M | M | M | M | + | + | + | + | M | + | M | M | + | + | + | + | + | M | + | M | 24 |
| Carcinoma                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |
| Fibroadenoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Skin                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Keratoacanthoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Trichoepithelioma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 2  |
| Subcutaneous Tissue, Fibroma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Subcutaneous Tissue, Fibroma, Multiple    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Schwannoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7  |

**NERVOUS SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Peripheral Nerve           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE<br>50 ppm | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|---------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                 |                          | 0<br>6<br>8<br>9 | 0<br>6<br>9<br>8 | 0<br>7<br>0<br>5 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 |                  |          |
|                                 |                          | 0<br>0<br>0<br>0 |          |

|             |   |
|-------------|---|
| Spinal Cord | 1 |
|-------------|---|

**RESPIRATORY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Larynx                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Carcinoma, Metastatic, Thyroid Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lung                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Alveolar/Bronchiolar Carcinoma       | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Carcinoma, Metastatic, Kidney        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Carcinoma, Metastatic, Thyroid Gland | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Sarcoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Respiratory Epithelium, Adenoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Trachea                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Carcinoma, Metastatic, Thyroid Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

**URINARY SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Renal Tubule, Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Urinary Bladder         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE<br>50 ppm | DAY ON TEST<br>ANIMAL ID |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|---------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                                 |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                                 | 6                        | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |
|                                 | 8                        | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |
|                                 | 9                        | 8 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1        |
|                                 | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                                 | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                                 | 4                        | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4        |
|                                 | 2                        | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 4 | 5 | 0 | 0 | 1 | 2 | 2 | 2 | 3 | 3 | 4        |
|                                 | 3                        | 7 | 2 | 5 | 2 | 3 | 6 | 8 | 1 | 5 | 8 | 7 | 0 | 1 | 9 | 5 | 2 | 6 | 9 | 6 | 9 | 0        |
|                                 |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |

## SYSTEMIC LESIONS

Multiple Organ  
Histiocytic Sarcoma  
Leukemia Mononuclear  
Mesothelioma Malignant

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| X | X | X |   | X | X | X |   | X | X | X |   | X | X | X | X | X | X | X | X | X | X | 16 |
| X | X | X |   | X | X | X |   | X | X | X |   | X | X | X | X | X | X | X | X | X | X | 28 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

Test Type: CHRONIC

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Vinylidene chloride

CAS Number: 75-35-4

Date Report Requested: 12/12/2011

Time Report Requested: 09:47:55

First Dose M/F: 06/06/05 / 06/06/05

Lab: BNW

| FISCHER 344 RATS MALE<br>100 ppm | DAY ON TEST<br>ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|----------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                  |                          | 0 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|                                  |                          | 1 | 3 | 4 | 9 | 3 | 3 | 3 | 4 | 6 | 8 | 8 | 9 | 0 | 0 | 1 | 1 | 2 | 3 | 5 | 5 | 7 |
|                                  |                          | 0 | 7 | 9 | 5 | 4 | 4 | 5 | 2 | 1 | 3 | 3 | 3 | 0 | 0 | 7 | 7 | 9 | 8 | 5 | 3 | 6 |
|                                  |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                  |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                  |                          | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|                                  |                          | 1 | 3 | 1 | 0 | 1 | 3 | 4 | 1 | 2 | 3 | 4 | 3 | 2 | 4 | 4 | 2 | 4 | 2 | 0 | 4 | 0 |
|                                  |                          | 6 | 3 | 1 | 8 | 9 | 9 | 1 | 2 | 3 | 4 | 3 | 8 | 2 | 5 | 9 | 4 | 7 | 8 | 5 | 4 | 7 |
|                                  |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

males  
(cont...)

## ALIMENTARY SYSTEM

Esophagus

Intestine Large, Cecum

Intestine Large, Colon  
Adenoma

Intestine Large, Rectum

Intestine Small, Duodenum

Intestine Small, Ileum

Intestine Small, Jejunum

Liver  
Cholangiocarcinoma

Mesentery

Pancreas  
Aacinus, Carcinoma

Salivary Glands

Stomach, Forestomach

Stomach, Glandular

Tongue

+ +

+ A + + + + A + A + + + + + + + + + + + + + +

+ A + + + + + A + + + + + + + + + + + + + + + + + X

+ + + + + + A + + + + + + + + + + + + + + + + + +

+ + + + + + A + + + + + + + + + + + + + + + + + +

+ A + + + + + A + + + + + + + + + + + + + + + + +

+ A + + + + + A + + + + + + + + + + + + + + + + +

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+ +

+ +

+ +

+ +

+

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

Test Type: CHRONIC

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Vinylidene chloride

CAS Number: 75-35-4

Date Report Requested: 12/12/2011

Time Report Requested: 09:47:55

First Dose M/F: 06/06/05 / 06/06/05

Lab: BNW

|   |   | DAY ON TEST           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
|---|---|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
|   |   | FISCHER 344 RATS MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
|   |   | 100 ppm               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
|   |   | ANIMAL ID             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |
| 0 | 0 | 0                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |
| 0 | 4 | 4                     | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6                  |
| 1 | 3 | 4                     | 9 | 3 | 3 | 3 | 4 | 6 | 8 | 8 | 9 | 0 | 0 | 1 | 1 | 1 | 2 | 3 | 5 | 5 | 6 | 7 | 7 | 9 | 9 | 9                  |
| 0 | 7 | 9                     | 5 | 4 | 4 | 5 | 2 | 1 | 3 | 3 | 3 | 0 | 0 | 7 | 7 | 9 | 8 | 5 | 3 | 6 | 0 | 6 | 4 | 8 | 8 | 8                  |
| 0 | 0 | 0                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |
| 0 | 0 | 0                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |
| 6 | 6 | 6                     | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6                  |
| 1 | 3 | 1                     | 0 | 1 | 3 | 4 | 1 | 2 | 3 | 4 | 3 | 2 | 2 | 4 | 4 | 2 | 4 | 2 | 0 | 4 | 0 | 1 | 1 | 3 | 2 | 2                  |
| 6 | 3 | 1                     | 8 | 9 | 9 | 1 | 2 | 3 | 4 | 3 | 8 | 2 | 5 | 9 | 4 | 7 | 8 | 5 | 4 | 7 | 5 | 8 | 2 | 9 | 9 | 9                  |

## CARDIOVASCULAR SYSTEM

Heart

Fibrous Histiocytoma, Metastatic, Skin

+ + + + + + + + + + + + + + + X

## ENDOCRINE SYSTEM

Adrenal Cortex

+ +

Adrenal Medulla

Pheochromocytoma Benign

Pheochromocytoma Malignant

Bilateral, Pheochromocytoma Benign

+ X X X X X

Islets, Pancreatic

Adenoma

Carcinoma

+ + + + + + A + + + + + + + + + + + + + + + + + + +

X

Parathyroid Gland

M + + + + + + + + + + + + + + M M + + + + + + +

Pituitary Gland

Pars Distalis, Adenoma

+ X X X X X

X X X X X

Thyroid Gland

C-cell, Adenoma

C-cell, Carcinoma

+ A + + + + A + + + + + + + + + + + + + + + + + + +

X

X

## GENERAL BODY SYSTEM

Peritoneum

Osteosarcoma, Metastatic, Uncertain Primary Site

+ + X X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE | 100 ppm | DAY ON TEST | ANIMAL ID |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |
|-----------------------|---------|-------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
|                       |         |             | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
|                       |         | 0           | 4         | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |                    |
|                       |         | 1           | 3         | 4 | 9 | 3 | 3 | 3 | 4 | 6 | 8 | 8 | 9 | 0 | 0 | 1 | 1 | 1 | 2 | 3 | 5 | 5 | 6 | 7 | 7 | 9 |                    |
|                       |         | 0           | 7         | 9 | 5 | 4 | 4 | 5 | 2 | 1 | 3 | 3 | 3 | 0 | 7 | 7 | 9 | 8 | 5 | 3 | 6 | 0 | 6 | 6 | 6 | 6 |                    |
|                       |         | 0           | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
|                       |         | 0           | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
|                       |         | 6           | 6         | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |                    |
|                       |         | 1           | 3         | 1 | 0 | 1 | 3 | 4 | 1 | 2 | 3 | 4 | 3 | 2 | 4 | 4 | 2 | 4 | 2 | 0 | 4 | 0 | 1 | 1 | 3 | 2 |                    |
|                       |         | 6           | 3         | 1 | 8 | 9 | 9 | 1 | 2 | 3 | 4 | 3 | 8 | 2 | 5 | 9 | 4 | 7 | 8 | 5 | 4 | 7 | 5 | 8 | 2 | 9 |                    |

Tissue NOS

**GENITAL SYSTEM**

|                                       |   |
|---------------------------------------|---|
| Coagulating Gland                     | + |
| Epididymis                            | + |
| Preputial Gland                       | + |
| Prostate Adenoma                      | + |
| Seminal Vesicle Adenoma               | + + + + + + A + |
| Testes                                | + + + + + + + + + + + + X + + + + + + + + + + + + + + + + + |
| Bilateral, Interstitial Cell, Adenoma | X X X X   |
| Interstitial Cell, Adenoma            | X X X X   |

**HEMATOPOIETIC SYSTEM**

|                         |   |
|-------------------------|---|
| Bone Marrow             | + + + + + + A +     |
| Lymph Node              | + + +   |
| Lymph Node, Bronchial   | M M M + M M + M M M + + + + M M M M M M M M M M M M + M         |
| Lymph Node, Mandibular  | M       |
| Lymph Node, Mediastinal | + M + + M + M M + M + M + + M M + M M M M M M M M M M M + M M + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

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I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|                                      |           | DAY ON TEST                   | 0<br>0<br>1<br>0      | 0<br>4<br>3<br>0      | 0<br>5<br>4<br>5      | 0<br>5<br>3<br>3      | 0<br>5<br>4<br>2      | 0<br>5<br>1<br>3      | 0<br>8<br>3<br>3      | 0<br>9<br>3<br>0      | 0<br>6<br>0<br>0      | 0<br>6<br>1<br>7      | 0<br>6<br>1<br>7      | 0<br>6<br>1<br>9      | 0<br>6<br>1<br>9      | 0<br>6<br>2<br>8      | 0<br>6<br>2<br>5      | 0<br>6<br>3<br>5      | 0<br>6<br>5<br>6      | 0<br>6<br>7<br>6      | 0<br>6<br>7<br>6      | 0<br>6<br>9<br>4      | 0<br>6<br>9<br>8 | males<br>(cont...) |   |   |  |
|--------------------------------------|-----------|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|--------------------|---|---|--|
| FISCHER 344 RATS MALE<br><br>100 ppm | ANIMAL ID |                               | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>1<br>3 | 0<br>0<br>6<br>1<br>9 | 0<br>0<br>6<br>1<br>9 | 0<br>0<br>6<br>2<br>3 | 0<br>0<br>6<br>3<br>4 | 0<br>0<br>6<br>3<br>8 | 0<br>0<br>6<br>2<br>2 | 0<br>0<br>6<br>4<br>3 | 0<br>0<br>6<br>2<br>5 | 0<br>0<br>6<br>4<br>4 | 0<br>0<br>6<br>2<br>4 | 0<br>0<br>6<br>2<br>4 | 0<br>0<br>6<br>2<br>7 | 0<br>0<br>6<br>2<br>8 | 0<br>0<br>6<br>5<br>4 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>8<br>5 | 0<br>0<br>6<br>9<br>2 | 0<br>0<br>6<br>9<br>9 |                  |                    |   |   |  |
|                                      |           | Lymph Node, Mesenteric        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |   |   |  |
|                                      |           | Spleen                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |   |   |  |
|                                      |           | Thymus                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | M                     | +                     | +                     | +                     | +                |                    |   |   |  |
|                                      |           | <b>INTEGUMENTARY SYSTEM</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   |   |  |
|                                      |           | Mammary Gland<br>Fibroadenoma | +                     | M                     | +                     | +                     | M                     | M                     | M                     | +                     | +                     | +                     | M                     | M                     | M                     | M                     | M                     | M                     | +                     | +                     | +                     | +                     | M                | +                  | M | + |  |
|                                      |           | Skin                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                  | X |   |  |
|                                      |           | Basal Cell Adenoma            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   | X |  |
|                                      |           | Keratoacanthoma               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   |   |  |
|                                      |           | Squamous Cell Papilloma       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   |   |  |
| <b>MUSCULOSKELETAL SYSTEM</b>        |           |                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   |   |  |
| Bone<br>Osteosarcoma                 |           |                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   |   |  |
| Skeletal Muscle                      |           |                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   |   |  |
| <b>NERVOUS SYSTEM</b>                |           |                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   |   |  |
| Brain                                |           |                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   |   |  |
| <b>RESPIRATORY SYSTEM</b>            |           |                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|                                      |           | DAY ON TEST           | 0<br>0<br>1<br>0      | 0<br>4<br>3<br>7      | 0<br>4<br>4<br>9 | 0<br>5<br>3<br>5 | 0<br>5<br>3<br>4 | 0<br>5<br>2<br>1 | 0<br>5<br>3<br>3 | 0<br>5<br>9<br>0 | 0<br>6<br>0<br>7 | 0<br>6<br>1<br>9 | 0<br>6<br>1<br>9 | 0<br>6<br>2<br>8 | 0<br>6<br>3<br>5 | 0<br>6<br>5<br>3 | 0<br>6<br>5<br>6 | 0<br>6<br>6<br>7 | 0<br>6<br>7<br>6 | 0<br>6<br>9<br>4 | 0<br>6<br>9<br>8 | males<br>(cont...) |
|--------------------------------------|-----------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|
| FISCHER 344 RATS MALE<br><br>100 ppm | ANIMAL ID | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |
|                                      |           | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |
|                                      |           | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |
|                                      |           | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |
|                                      |           | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |
|                                      |           | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |
|                                      |           | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |
|                                      |           | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |
|                                      |           | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |
|                                      |           | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>2<br>9 | 0<br>0<br>3<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>8 | 0<br>0<br>6<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>5 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>6<br>8 | 0<br>0<br>6<br>9 |                  |                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|                        |   | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>FISCHER 344 RATS MALE</b><br><b>100 ppm</b><br>ANIMAL ID | <b>males<br/>(cont...)</b> |
|------------------------|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------------------------|
|                        |   | 0<br>0<br>1<br>0 | 0<br>4<br>3<br>0 | 0<br>4<br>4<br>7 | 0<br>5<br>3<br>9 | 0<br>5<br>3<br>5 | 0<br>5<br>4<br>2 | 0<br>5<br>6<br>1 | 0<br>5<br>8<br>3 | 0<br>5<br>9<br>3 | 0<br>6<br>0<br>0 | 0<br>6<br>1<br>7 | 0<br>6<br>1<br>7 | 0<br>6<br>1<br>9 | 0<br>6<br>2<br>9 | 0<br>6<br>3<br>5 | 0<br>6<br>5<br>3 | 0<br>6<br>5<br>6 | 0<br>6<br>6<br>0 | 0<br>6<br>6<br>6 | 0<br>6<br>7<br>6 | 0<br>6<br>7<br>4  | 0<br>6<br>9<br>8           |
|                        |   | 0<br>0<br>0<br>6 |   |                            |
|                        |   | 0<br>0<br>0<br>6 |   |                            |
|                        |   | 0<br>0<br>0<br>6 |   |                            |
|                        |   | 0<br>0<br>0<br>6 |   |                            |
|                        |   | 0<br>0<br>0<br>6 |   |                            |
|                        |   | 0<br>0<br>0<br>6 |   |                            |
|                        |   | 0<br>0<br>0<br>6 |   |                            |
|                        |   | 0<br>0<br>0<br>6 |   |                            |
|                        |   | 0<br>0<br>0<br>6 |   |                            |
| Multiple Organ         | + | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +   | +                          |
| Leukemia Mononuclear   | X | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X   | X                          |
| Mesothelioma Malignant | X | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X   | X                          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

Test Type: CHRONIC

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Vinylidene chloride

CAS Number: 75-35-4

Date Report Requested: 12/12/2011

Time Report Requested: 09:47:55

First Dose M/F: 06/06/05 / 06/06/05

Lab: BNW

| FISCHER 344 RATS MALE | 100 ppm | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |          |  |  |
|-----------------------|---------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----------|--|--|
|                       |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |          |  |  |
|                       |         |             | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | * TOTALS |  |  |
|                       |         |             | 9 | 9 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |          |  |  |
|                       |         |             | 8 | 8 | 1 | 1 | 8 | 6 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |          |  |  |
|                       |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |          |  |  |
|                       |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |          |  |  |
|                       |         |             | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6        |          |  |  |
|                       |         |             | 4 | 4 | 0 | 3 | 1 | 1 | 0 | 0 | 2 | 2 | 3 | 3 | 4 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 2 | 5 | 5        |          |  |  |
|                       |         |             | 0 | 6 | 1 | 5 | 7 | 3 | 3 | 4 | 9 | 1 | 5 | 6 | 7 | 2 | 2 | 6 | 0 | 4 | 6 | 7 | 0 | 1 | 8 | 0 | 0        |          |  |  |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Large, Cecum            | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |   |
| Intestine Large, Colon<br>Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |   |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |   |
| Intestine Small, Ileum            | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |   |
| Intestine Small, Jejunum          | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |   |
| Liver<br>Cholangiocarcinoma       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Mesentery                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | 1 |    |   |
| Pancreas<br>Acinus, Carcinoma     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |   |
| Salivary Glands                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 1  |   |
| Stomach, Forestomach              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Stomach, Glandular                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Tongue                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | +  | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE | 100 ppm | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|-----------------------|---------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                       |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                       |         | ANIMAL ID   | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                       |         |             | 9 | 9 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        |
|                       |         |             | 8 | 8 | 1 | 1 | 8 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9        |
|                       |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                       |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                       |         |             | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6        |
|                       |         |             | 4 | 4 | 0 | 3 | 1 | 1 | 0 | 0 | 0 | 2 | 2 | 3 | 3 | 4 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 2 | 5        |
|                       |         |             | 0 | 6 | 1 | 5 | 7 | 3 | 3 | 4 | 9 | 1 | 5 | 6 | 7 | 2 | 2 | 6 | 0 | 4 | 6 | 7 | 0 | 1 | 8 | 0 | 0        |

## CARDIOVASCULAR SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Heart                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

## ENDOCRINE SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|---|
| Adrenal Cortex                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |   |
| Adrenal Medulla                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |   |
| Pheochromocytoma Benign            |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   | X | X |   |   |   |    |    | 7 |
| Pheochromocytoma Malignant         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |    |    | 1 |
| Bilateral, Pheochromocytoma Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |    |    | 1 |
| Islets, Pancreatic                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 49 |   |
| Adenoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |    |    | 1 |
| Carcinoma                          |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   |    |    | 4 |
| Parathyroid Gland                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | M | + | +  | 45 |   |
| Pituitary Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |   |
| Pars Distalis, Adenoma             |   | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 33 |    |   |
| Thyroid Gland                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48 |   |
| C-cell, Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |    |    | 1 |
| C-cell, Carcinoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |    |    | 3 |

## GENERAL BODY SYSTEM

|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Peritoneum                                       | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
| Osteosarcoma, Metastatic, Uncertain Primary Site |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|                              |  | DAY ON TEST     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------------------|--|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>FISCHER 344 RATS MALE</b> |  | 6               | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| <b>100 ppm</b>               |  | 9               | 9 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                              |  | 8               | 8 | 1 | 1 | 8 | 6 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
|                              |  | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |  | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |  | 6               | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|                              |  | 4               | 4 | 0 | 3 | 1 | 1 | 0 | 0 | 2 | 2 | 3 | 3 | 4 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 |
|                              |  | 0               | 6 | 1 | 5 | 7 | 3 | 3 | 4 | 9 | 1 | 5 | 6 | 7 | 2 | 2 | 6 | 0 | 4 | 6 | 7 | 0 | 1 |
|                              |  | * <b>TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|            |   |   |
|------------|---|---|
| Tissue NOS | + | 1 |
|------------|---|---|

**GENITAL SYSTEM**

|                                       |   |   |    |
|---------------------------------------|---|---|----|
| Coagulating Gland                     |   | + | 3  |
| Epididymis                            | + | + | 50 |
| Preputial Gland                       | + | + | 50 |
| Prostate<br>Adenoma                   | + | + | 50 |
|                                       |   | X | 1  |
| Seminal Vesicle<br>Adenoma            | + | + | 48 |
|                                       | A |   | 1  |
| Testes                                | + | + | 50 |
| Bilateral, Interstitial Cell, Adenoma | X | X | 14 |
| Interstitial Cell, Adenoma            | X | X | 11 |

**HEMATOPOIETIC SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Lymph Node              | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7  |
| Lymph Node, Bronchial   | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 9  |
| Lymph Node, Mandibular  | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 0  |
| Lymph Node, Mediastinal | + | + | + | + | M | + | M | + | + | M | M | + | + | + | + | + | + | + | + | + | M | M | 30 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE                     | 100 ppm | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | * TOTALS |   |
|---|---------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----------|---|
|   |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |          |   |
|   |         | ANIMAL ID   | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7  |          |   |
|   |         |             | 9 | 9 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  |          |   |
|   |         |             | 8 | 8 | 1 | 1 | 8 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9  |          |   |
| Lymph Node, Mesenteric                    |         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |          |   |
| Spleen                                    |         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |          |   |
| Thymus                                    |         |             | I | M | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | 44 |          |   |
| <b>INTEGUMENTARY SYSTEM</b>               |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |   |
| Mammary Gland                             |         |             | + | M | + | + | M | M | + | + | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | 32 |          |   |
| Fibroadenoma                              |         |             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          | 2 |
| Skin                                      |         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |          |   |
| Basal Cell Adenoma                        |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          | 1 |
| Keratoacanthoma                           |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          | 2 |
| Squamous Cell Papilloma                   |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          | 1 |
| Subcutaneous Tissue, Fibroma              |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          | 1 |
| Subcutaneous Tissue, Fibrosarcoma         |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          | 3 |
| Subcutaneous Tissue, Fibrous Histiocytoma |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          | 1 |
| Subcutaneous Tissue, Lipoma               |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          | 1 |
| <b>MUSCULOSKELETAL SYSTEM</b>             |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |   |
| Bone                                      |         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |          |   |
| Osteosarcoma                              |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          | 1 |
| Skeletal Muscle                           |         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 11 |          |   |
| <b>NERVOUS SYSTEM</b>                     |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |   |
| Brain                                     |         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |          |   |
| <b>RESPIRATORY SYSTEM</b>                 |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

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I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE                            | 100 ppm               | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|---|
|  |                       |                       | 0<br>6<br>9<br>8      | 0<br>6<br>9<br>8      | 0<br>7<br>0<br>1      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>9      |                       |          |   |
| ANIMAL ID  | 0<br>0<br>6<br>4<br>0 | 0<br>0<br>6<br>4<br>6 | 0<br>0<br>6<br>3<br>1 | 0<br>0<br>6<br>1<br>1 | 0<br>0<br>6<br>0<br>0 |          |   |
| Larynx   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |   |
| Lung   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| Alveolar/Bronchiolar Adenoma                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 3 |
| Alveolar/Bronchiolar Carcinoma                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |
| Carcinoma, Metastatic, Kidney                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |
| Fibrous Histiocytoma, Metastatic, Skin           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |
| Osteosarcoma, Metastatic, Uncertain Primary Site |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |
| Nose   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| Respiratory Epithelium, Adenoma                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 4 |
| Pleura   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 1        |   |
| Trachea  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48       |   |
| <b>SPECIAL SENSES SYSTEM</b>                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |
| Eye  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |   |
| Harderian Gland                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |   |
| <b>URINARY SYSTEM</b>                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |
| Kidney   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| Mesenchymal Tumor Malignant                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |
| Renal Tubule, Carcinoma                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |
| Urinary Bladder                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| <b>SYSTEMIC LESIONS</b>                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS MALE<br>100 ppm | DAY ON TEST<br>ANIMAL ID |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|----------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                                  |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                                  | 6                        | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |
|                                  | 9                        | 9 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |
|                                  | 8                        | 8 | 1 | 1 | 8 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1        |
|                                  | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                                  | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                                  | 6                        | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6        |
|                                  | 4                        | 4 | 0 | 3 | 1 | 1 | 0 | 0 | 0 | 2 | 2 | 3 | 3 | 4 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 2 | 5 |          |
|                                  | 0                        | 6 | 1 | 5 | 7 | 3 | 3 | 4 | 9 | 1 | 5 | 6 | 7 | 2 | 2 | 6 | 0 | 4 | 6 | 7 | 0 | 1 | 8 | 0 | 0 |          |

\*\*\* END OF MALE DATA \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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Vinylidene chloride

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CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|                                | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>females<br/>(cont...)</b> |   |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------------|---|
|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                            |   |
| <b>FISCHER 344 RATS FEMALE</b> | 5           | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                            | 7 |
| <b>Control</b>                 | 4           | 5 | 7 | 9 | 3 | 5 | 6 | 6 | 7 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3                            | 3 |
|                                | 7           | 1 | 9 | 2 | 1 | 6 | 1 | 6 | 5 | 7 | 7 | 1 | 4 | 8 | 8 | 3 | 9 | 4 | 2 | 4 | 5 | 1 | 1 | 1 | 1 | 1                            |   |
|                                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                            |   |
|                                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                            |   |
|                                | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                            |   |
|                                | 1           | 0 | 2 | 2 | 3 | 2 | 2 | 0 | 3 | 2 | 3 | 5 | 4 | 1 | 2 | 3 | 2 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 2 | 2                            |   |
|                                | 6           | 3 | 7 | 5 | 5 | 9 | 1 | 5 | 3 | 2 | 1 | 0 | 3 | 1 | 3 | 7 | 8 | 4 | 2 | 9 | 0 | 3 | 4 | 4 | 6 |                              |   |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Cecum                      | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hepatocellular Adenoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |  |
| Sarcoma, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mesentery                                   | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Stomach, Forestomach                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Stomach, Glandular                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Tongue                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |  |
| Squamous Cell Carcinoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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Experiment Number: 20303 - 05

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Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Vinylidene chloride

CAS Number: 75-35-4

Date Report Requested: 12/12/2011

Time Report Requested: 09:47:55

First Dose M/F: 06/06/05 / 06/06/05

Lab: BNW

| FISCHER 344 RATS FEMALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                         |             | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Control                 | ANIMAL ID   | 4 | 5 | 7 | 9 | 3 | 5 | 6 | 6 | 7 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                         |             | 7 | 1 | 9 | 2 | 1 | 6 | 1 | 6 | 5 | 7 | 7 | 1 | 4 | 8 | 8 | 3 | 9 | 4 | 4 | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                         |             | 1 | 0 | 2 | 2 | 3 | 2 | 2 | 0 | 3 | 2 | 3 | 5 | 4 | 1 | 2 | 3 | 2 | 0 | 1 | 2 | 9 | 0 | 1 | 1 | 1 | 1 | 2 | 2 |
|                         |             | 6 | 3 | 7 | 5 | 5 | 9 | 1 | 5 | 3 | 2 | 1 | 0 | 3 | 1 | 3 | 7 | 8 | 4 | 2 | 9 | 0 | 3 | 4 | 4 | 6 |   |   |   |

females  
(cont...)

## CARDIOVASCULAR SYSTEM

Blood Vessel  
Leiomyosarcoma+  
X

Heart

+ +

## ENDOCRINE SYSTEM

Adrenal Cortex  
Adenoma  
Carcinoma  
Bilateral, Adenoma

+ +

X

Adrenal Medulla  
Pheochromocytoma Malignant

+ +

Islets, Pancreatic

+ +

Parathyroid Gland

+ +

Pituitary Gland  
Pars Distalis, Adenoma  
Pars Distalis, Carcinoma

+ +

X

X

X

X

X

X

X

X

X

X

X

X

X

X

Thyroid Gland  
C-cell, Adenoma

+ +

X

## GENERAL BODY SYSTEM

NONE

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue



Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|         | DAY ON TEST | FISCHER 344 RATS FEMALE    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |                  | females<br>(cont...) |  |
|---------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------|------------------|------------------|----------------------|--|
|         |             | 0<br>5<br>4<br>7           | 0<br>5<br>5<br>1           | 0<br>5<br>7<br>9           | 0<br>5<br>3<br>2           | 0<br>6<br>6<br>1           | 0<br>6<br>6<br>6           | 0<br>6<br>8<br>7           | 0<br>6<br>9<br>7           | 0<br>6<br>9<br>1           | 0<br>6<br>9<br>4           | 0<br>6<br>8<br>8           | 0<br>6<br>9<br>3           | 0<br>7<br>1<br>9           | 0<br>7<br>2<br>4           | 0<br>7<br>2<br>4           | 0<br>7<br>2<br>5           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 |                      |  |
| Control | ANIMAL ID   | 0<br>0<br>1<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>2<br>1 | 0<br>0<br>1<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>3<br>3 | 0<br>0<br>1<br>2<br>3<br>2 | 0<br>0<br>1<br>3<br>3<br>1 | 0<br>0<br>1<br>3<br>3<br>0 | 0<br>0<br>1<br>3<br>3<br>3 | 0<br>0<br>1<br>3<br>3<br>1 | 0<br>0<br>1<br>3<br>3<br>7 | 0<br>0<br>1<br>3<br>3<br>8 | 0<br>0<br>1<br>3<br>3<br>4 | 0<br>0<br>1<br>3<br>3<br>2 | 0<br>0<br>1<br>3<br>3<br>9 | 0<br>0<br>1<br>3<br>3<br>0 | 0<br>0<br>1<br>3<br>3<br>3 | 0<br>0<br>1<br>3<br>3<br>4 | 0<br>0<br>1<br>3<br>3<br>6 |                  |                  |                  |                      |  |
|         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |                  |                      |  |
|         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |                  |                      |  |
|         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |                  |                      |  |
|         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |                  |                      |  |
|         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |                  |                      |  |

## INTEGUMENTARY SYSTEM

Mammary Gland  
 Carcinoma  
 Carcinoma, Multiple  
 Fibroadenoma  
 Fibroadenoma, Multiple

Skin  
 Basal Cell Adenoma  
 Keratoacanthoma  
 Subcutaneous Tissue, Fibroma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

## MUSCULOSKELETAL SYSTEM

Bone  
 Osteosarcoma  
 Sarcoma, Metastatic, Uncertain Primary Site

Skeletal Muscle  
 Sarcoma, Metastatic, Uncertain Primary Site

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

## NERVOUS SYSTEM

Brain  
 Carcinoma, Metastatic, Pituitary Gland

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

## RESPIRATORY SYSTEM

Larynx

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

Lung  
 Alveolar/Bronchiolar Adenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

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Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|  |  | DAY ON TEST | 0<br>5<br>4<br>7           | 0<br>5<br>5<br>1           | 0<br>5<br>7<br>9           | 0<br>5<br>3<br>2           | 0<br>6<br>6<br>1           | 0<br>6<br>6<br>6           | 0<br>8<br>8<br>7      | 0<br>9<br>9<br>1           | 0<br>9<br>9<br>4           | 0<br>9<br>8<br>8           | 0<br>9<br>8<br>3           | 0<br>7<br>9<br>3           | 0<br>7<br>2<br>4           | 0<br>7<br>2<br>4           | 0<br>7<br>2<br>5           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           |                      |  |  |
|--|--|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------|--|--|
|  |  | ANIMAL ID   | 0<br>0<br>1<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>1<br>3 | 0<br>0<br>2<br>2<br>2<br>7 | 0<br>0<br>3<br>3<br>5<br>9 | 0<br>0<br>2<br>0<br>3<br>5 | 0<br>0<br>3<br>2<br>2<br>1 | 0<br>0<br>3<br>2<br>1 | 0<br>0<br>1<br>1<br>1<br>0 | 0<br>0<br>5<br>4<br>1<br>3 | 0<br>0<br>1<br>2<br>3<br>1 | 0<br>0<br>3<br>7<br>8<br>4 | 0<br>0<br>2<br>9<br>9<br>2 | 0<br>0<br>1<br>1<br>0<br>0 | 0<br>0<br>1<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>0<br>0 | 0<br>0<br>1<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>0<br>0 | 0<br>0<br>1<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>0<br>0 | 0<br>0<br>1<br>1<br>1<br>6 | females<br>(cont...) |  |  |
| <b>FISCHER 344 RATS FEMALE</b>                             |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| <b>Control</b>   |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Pheochromocytoma Malignant, Metastatic,<br>Adrenal Medulla |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Sarcoma, Metastatic, Uncertain Primary Site                |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| X  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Nose   |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| +  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Trachea  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| +  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| <b>SPECIAL SENSES SYSTEM</b>                               |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Eye  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| +  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Harderian Gland  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| +  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| <b>URINARY SYSTEM</b>                                      |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Kidney   |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| +  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Urinary Bladder  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| +  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| <b>SYSTEMIC LESIONS</b>                                    |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Multiple Organ   |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Leukemia Mononuclear                                       |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| Lymphoma Malignant   |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |
| X  |  |             |                            |                            |                            |                            |                            |                            |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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X .. Lesion present

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Lab: BNW

|                         | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |        |
|-------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|
|                         |             | 0<br>7 |          |        |
| FISCHER 344 RATS FEMALE | ANIMAL ID   | 3<br>3   |        |
| Control                 |             | 1<br>2 | 2<br>2 | 2<br>2 | 2<br>2 | 2<br>2 | 2<br>2 | 3<br>3   |        |
|                         |             | 0<br>0   |        |
|                         |             | 0<br>0   |        |
|                         |             | 1<br>1   |        |
|                         |             | 4<br>0 | 0<br>1 | 0<br>1 | 1<br>7 | 3<br>5 | 4<br>6 | 4<br>1 | 4<br>5 | 4<br>9 | 0<br>2 | 0<br>6 | 0<br>8 | 0<br>7 | 0<br>8 | 0<br>9 | 0<br>0 | 0<br>2 | 0<br>4 | 0<br>8 | 0<br>9 | 0<br>2   | 0<br>4 |
|                         |             | 0<br>1 | 1<br>7 | 5<br>5 | 6<br>6 | 1<br>1 | 5<br>5 | 9<br>9 | 2<br>2 | 6<br>6 | 8<br>8 | 7<br>7 | 8<br>8 | 9<br>9 | 0<br>0 | 0<br>2 | 0<br>4 | 0<br>8 | 0<br>9 | 0<br>2 | 0<br>4 | 0<br>6   | 0<br>7 |

## ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Sarcoma, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                                   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 13 |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Forestomach                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Glandular                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Tongue                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Squamous Cell Carcinoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|  |  | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      |                       |                       |                       | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |  | ANIMAL ID   | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>4<br>4<br>1 | 0<br>0<br>4<br>4<br>5 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>7 |

\* TOTALS

**CARDIOVASCULAR SYSTEM**

|                                |   |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel<br>Leiomyosarcoma |   | 1<br>1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Heart                          | + | +      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**ENDOCRINE SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                    | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Carcinoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Bilateral, Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Adrenal Medulla            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Pheochromocytoma Malignant | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Islets, Pancreatic         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Parathyroid Gland          | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Pituitary Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Pars Distalis, Adenoma     | X | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 32 |
| Pars Distalis, Carcinoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thyroid Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| C-cell, Adenoma            | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

**GENERAL BODY SYSTEM**

NONE

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |              | * TOTALS      |  |
|-------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|--------------|---------------|--|
|                         |             | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |   |              |               |  |
| Control                 | ANIMAL ID   | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>0<br>0 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>3<br>3 |   |              |               |  |
|                         |             | +<br>X                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | 47<br>4<br>1 |               |  |
|                         |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |              |               |  |
|                         |             | +<br>X                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +            | 50<br>1<br>1  |  |
|                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |              |               |  |
|                         |             | +<br>X                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +            | 50<br>10<br>1 |  |
|                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |              |               |  |

## GENITAL SYSTEM

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Clitoral Gland                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |
| Adenoma                         | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4  |
| Carcinoma                       |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Ovary                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Granulosa-Theca Tumor Malignant | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Sertoli Cell Tumor Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Uterus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Polyp Stromal                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 10 |
| Bilateral, Polyp Stromal        | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |

## HEMATOPOIETIC SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Bone Marrow                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymph Node                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Lymph Node, Bronchial                       | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 4  |   |
| Lymph Node, Mandibular                      | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 2  |   |
| Lymph Node, Mediastinal                     | M | + | + | M | M | + | M | + | M | + | M | + | M | + | M | + | M | + | M | + | M | + | M | + | M | 33 |   |
| Lymph Node, Mesenteric                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Spleen                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Thymus                                      | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |   |
| Sarcoma, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|   |  | DAY ON TEST |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | * TOTALS |   |
|---|--|-------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|----------|---|
|   |  |             | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      |                       |          |          |   |
| <b>FISCHER 344 RATS FEMALE</b>              |  | Control     |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          |   |
|   |  |             | ANIMAL ID        | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>4 | * TOTALS |          |   |
| <b>INTEGUMENTARY SYSTEM</b>                 |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          |   |
| Mammary Gland                               |  |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50       |   |
| Carcinoma                                   |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |          |          | 4 |
| Carcinoma, Multiple                         |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |
| Fibroadenoma                                |  |             |                  | X                     | X                     |                       | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | 26       |          |   |
| Fibroadenoma, Multiple                      |  |             |                  |                       |                       | X                     |                       | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | 11       |          |   |
| Skin  |  |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |          |   |
| Basal Cell Adenoma                          |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |
| Keratoacanthoma                             |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |
| Subcutaneous Tissue, Fibroma                |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |
| <b>MUSCULOSKELETAL SYSTEM</b>               |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          |   |
| Bone  |  |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50       |   |
| Osteosarcoma                                |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |
| Sarcoma, Metastatic, Uncertain Primary Site |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |
| Skeletal Muscle                             |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |
| Sarcoma, Metastatic, Uncertain Primary Site |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |
| <b>NERVOUS SYSTEM</b>                       |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          |   |
| Brain                                       |  |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50       |   |
| Carcinoma, Metastatic, Pituitary Gland      |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |
| <b>RESPIRATORY SYSTEM</b>                   |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |          |   |
| Larynx                                      |  |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50       |   |
| Lung  |  |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50       |   |
| Alveolar/Bronchiolar Adenoma                |  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |          |          | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

**Date Report Requested:** 12/12/2011

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** RATS/F 344/N

### Vinylidene chloride

**CAS Number:** 75-35-4

**Time Report Requested:** 09:47:55

**First Dose M/F:** 06/06/05 / 06/06/0

Lab: BNW

\* .. Total animals with tissue examined microscopically: Total animals with tumo

+ .. Tissue examined microscopically

X - Lesion present

| Insufficient tissue

### M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK - Not examined microscopically

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|        | DAY ON TEST | FISCHER 344 RATS FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |                      |
|--------|-------------|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|----------------------|
|        |             | 0                       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |                      |
| 25 ppm | ANIMAL ID   | 4                       | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7                    | 7 | females<br>(cont...) |
|        |             | 5                       | 7 | 3 | 4 | 5 | 7 | 0 | 1 | 2 | 3 | 3 | 3 | 5 | 6 | 6 | 7 | 8 | 9 | 9 | 1 | 4 | 9 | 2 | 1 | 7 | 1 | 3 | 1 | 1                    |   |                      |
|        |             | 1                       | 0 | 5 | 1 | 1 | 1 | 0 | 0 | 3 | 5 | 3 | 9 | 9 | 3 | 1 | 1 | 5 | 9 | 1 | 4 | 9 | 2 | 1 | 7 | 1 | 3 | 1 | 1 | 1                    |   |                      |
|        |             | 0                       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |                      |
|        |             | 0                       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |                      |
|        |             | 3                       | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    |   |                      |
|        |             | 2                       | 0 | 2 | 1 | 3 | 1 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 0 | 1 | 2 | 0 | 3 | 4 | 4 | 2 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0                    |   |                      |
|        |             | 1                       | 7 | 9 | 3 | 6 | 5 | 1 | 7 | 5 | 8 | 9 | 5 | 7 | 9 | 9 | 6 | 3 | 4 | 6 | 0 | 3 | 8 | 8 | 4 | 4 | 4 | 4 | 4 | 4                    |   |                      |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Cecum                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Colon                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Leiomyosarcoma, Metastatic, Vagina      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Intestine Small, Duodenum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Ileum                  | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Jejunum                | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Liver                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Mesentery                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Oral Mucosa                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Squamous Cell Papilloma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pancreas                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Acinus, Adenoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Salivary Glands                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Schwannoma Malignant, Metastatic, Heart |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Stomach, Forestomach                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | DAY ON TEST |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |                       |                      |
|-------------------------|-------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                         |             | 0<br>4<br>5<br>1                               | 0<br>4<br>7<br>0      | 0<br>5<br>3<br>5      | 0<br>5<br>4<br>1      | 0<br>6<br>0<br>0      | 0<br>6<br>1<br>0      | 0<br>6<br>2<br>3      | 0<br>6<br>3<br>3      | 0<br>6<br>3<br>9      | 0<br>6<br>5<br>9      | 0<br>6<br>6<br>3      | 0<br>6<br>6<br>1      | 0<br>6<br>6<br>5      | 0<br>6<br>6<br>9      | 0<br>6<br>6<br>1      | 0<br>6<br>6<br>4      | 0<br>6<br>6<br>9      | 0<br>6<br>6<br>2      | 0<br>7<br>0<br>9      | 0<br>7<br>1<br>9      | 0<br>7<br>1<br>1      | 0<br>7<br>1<br>9      |                      |
| 25 ppm                  | ANIMAL ID   | 0<br>0<br>3<br>2<br>1                          | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>4<br>7 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>0 | females<br>(cont...) |
|                         |             | Stomach, Glandular                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
|                         |             | Blood Vessel                                   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Aorta, Schwannoma Malignant, Metastatic, Heart |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Heart  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
|                         |             | Schwannoma Malignant                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Islets, Pancreatic                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
|                         |             | Carcinoma                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Adrenal Cortex                                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
|                         |             | Adenoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Carcinoma                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Adrenal Medulla                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
|                         |             | Pheochromocytoma Benign                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Parathyroid Gland                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
|                         |             | Adenoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Pituitary Gland                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
|                         |             | Pars Distalis, Adenoma                         | X                     | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Pars Distalis, Carcinoma                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | Thyroid Gland                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
|                         |             | Schwannoma Malignant, Metastatic, Heart        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                         |             | C-cell, Adenoma                                | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



Experiment Number: 20303 - 05

Test Type: CHRONIC

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Vinylidene chloride

CAS Number: 75-35-4

Date Report Requested: 12/12/2011

Time Report Requested: 09:47:55

First Dose M/F: 06/06/05 / 06/06/05

Lab: BNW

| FISCHER 344 RATS FEMALE                   | DAY ON TEST | ANIMAL ID |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |  |
|---|-------------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|--|
|   |             | 04571     | 04570 | 05510 | 05511 | 06000 | 06001 | 06120 | 06230 | 06330 | 06339 | 06393 | 06391 | 06675 | 06789 | 06891 | 06949 | 06992 | 07122 | 07177 | 07199 | 07191 | 07191 | 07191 | 07191 |                      |  |
| Lymph Node, Mediastinal                   | +           | M         | +     | M     | +     | M     | M     | +     | M     | +     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     |                      |  |
| Carcinoma, Metastatic, Thyroid Gland      |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Lymph Node, Mesenteric                    | +           | +         | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |  |
| Spleen                                    | +           | +         | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |  |
| Schwannoma Malignant, Metastatic, Heart   |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Thymus                                    | +           | +         | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | M     | I     | +     |                      |  |
| Thymoma Benign                            |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| <b>INTEGUMENTARY SYSTEM</b>               |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Mammary Gland                             | +           | +         | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |  |
| Carcinoma, Multiple                       |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Fibroadenoma                              |             |           |       |       |       |       |       | X     | X     | X     | X     | X     |       |       |       |       |       |       |       | X     | X     | X     | X     | X     | X     | X                    |  |
| Fibroadenoma, Multiple                    |             |           |       |       |       |       |       | X     | X     | X     | X     | X     |       |       |       |       |       |       |       | X     | X     | X     | X     | X     | X     | X                    |  |
| Schwannoma Malignant, Metastatic, Heart   |             |           |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Skin                                      | +           | +         | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |  |
| Basal Cell Adenoma                        |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Subcutaneous Tissue, Fibroma              |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Subcutaneous Tissue, Neural Crest Tumor   |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Subcutaneous Tissue, Schwannoma Malignant |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| <b>MUSCULOSKELETAL SYSTEM</b>             |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Bone                                      | +           | +         | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |  |
| Osteoma                                   |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |                      |  |
| Skeletal Muscle                           |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Schwannoma Malignant, Metastatic, Heart   |             |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



Experiment Number: 20303 - 05

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE<br>25 ppm       | DAY ON TEST<br>ANIMAL ID |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |  |
|---|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|--|
|   |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                      |  |
|   |                          | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |   |                      |  |
|   |                          | 5 | 7 | 3 | 4 | 5 | 7 | 0 | 1 | 1 | 2 | 3 | 3 | 3 | 5 | 6 | 6 | 7 | 8 | 9 | 9 | 0 | 1 | 1 | 1 |                      |  |
|   |                          | 1 | 0 | 5 | 1 | 1 | 1 | 0 | 0 | 3 | 5 | 3 | 9 | 9 | 3 | 1 | 1 | 5 | 9 | 1 | 4 | 9 | 2 | 7 | 9 |                      |  |
|   |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                      |  |
|   |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                      |  |
|   |                          | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |                      |  |
|   |                          | 2 | 0 | 2 | 1 | 3 | 1 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 0 | 1 | 2 | 0 | 3 | 4 | 4 | 2 | 0 | 1 | 1 |                      |  |
|   |                          | 1 | 7 | 9 | 3 | 6 | 5 | 1 | 7 | 5 | 8 | 9 | 5 | 7 | 9 | 9 | 6 | 3 | 4 | 6 | 0 | 3 | 8 | 8 | 4 |                      |  |
|   |                          | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Mesenchymal Tumor Malignant             |                          | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Schwannoma Malignant, Metastatic, Heart |                          | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Urinary Bladder                         |                          | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Leiomyosarcoma, Metastatic, Vagina      |                          | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |

## SYSTEMIC LESIONS

Multiple Organ

Leukemia Mononuclear  
Mesothelioma Malignant

++ +

X X X X X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

Test Type: CHRONIC

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Vinylidene chloride

CAS Number: 75-35-4

Date Report Requested: 12/12/2011

Time Report Requested: 09:47:55

First Dose M/F: 06/06/05 / 06/06/05

Lab: BNW

| FISCHER 344 RATS FEMALE<br>25 ppm | DAY ON TEST<br>ANIMAL ID |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | * TOTALS                             |                                      |
|-----------------------------------|--------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
|                                   |                          | 0<br>7<br>3<br>1                     | 0<br>7<br>3<br>1                     | 0<br>7<br>3<br>1                     | 0<br>7<br>3<br>1                     | 0<br>7<br>3<br>2                     |                                      |                                      |                                      |
|                                   |                          | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>7 | 0<br>0<br>0<br>0<br>3<br>3<br>3<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>3<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>3<br>5 | 0<br>0<br>0<br>0<br>3<br>3<br>0<br>6 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>6 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>5 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>4 | 0<br>0<br>0<br>0<br>3<br>3<br>4<br>9 | 0<br>0<br>0<br>0<br>3<br>3<br>5<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>5<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>4 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>3 |

## ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Colon                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Rectum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leiomyosarcoma, Metastatic, Vagina      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Duodenum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Jejunum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Liver                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Mesentery                               |   | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 20 |
| Oral Mucosa                             |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Squamous Cell Papilloma                 |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Acinus, Adenoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Schwannoma Malignant, Metastatic, Heart |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Forestomach                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE                  | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |    |
|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|----|
|  |             | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |          |    |
| 25 ppm                                   | ANIMAL ID   | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | * TOTALS |    |
|  |             | Stomach, Glandular    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |    |
| <b>CARDIOVASCULAR SYSTEM</b>             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |
| Blood Vessel                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| Aorta, Schwannoma Malignant, Metastatic, |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| Heart                                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |
| Heart                                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 50 |
| Schwannoma Malignant                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| <b>ENDOCRINE SYSTEM</b>                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |
| Adrenal Cortex                           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50 |
| Adenoma                                  |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 3  |
| Carcinoma                                |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| Adrenal Medulla                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |
| Pheochromocytoma Benign                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 50 |
| Islets, Pancreatic                       |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |          | 5  |
| Carcinoma                                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |
| Parathyroid Gland                        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | M                     | +                     | +                     | +                     | M                     | +        | 46 |
| Adenoma                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |          | 1  |
| Pituitary Gland                          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 49 |
| Pars Distalis, Adenoma                   |             | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X        | 36 |
| Pars Distalis, Carcinoma                 |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 2  |
| Thyroid Gland                            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50 |
| Schwannoma Malignant, Metastatic, Heart  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| C-cell, Adenoma                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |          | 4  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE<br>25 ppm             | DAY ON TEST<br>ANIMAL ID |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |        |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------|
|   |                          | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |        |
|   |                          | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>0<br>6 | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>1<br>2 | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>0 | 0<br>0<br>3<br>2<br>5 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>4<br>4 | 0<br>0<br>3<br>4<br>9 | 0<br>0<br>3<br>5<br>0 | 0<br>0<br>3<br>5<br>2 | 0<br>0<br>3<br>1<br>0 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>4<br>3 |        |
| C-cell, Carcinoma<br>Follicular Cell, Adenoma |                          | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     | X                     | X                     | X                     | 6<br>2 |

## GENERAL BODY SYSTEM

|            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Peritoneum |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

## GENITAL SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Clitoral Gland<br>Adenoma    | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | M | 48<br>8 |
| Ovary                        | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + | + | + | X |         |
| Granulosa Cell Tumor Benign  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 50<br>1 |
| Granulosa-Theca Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Uterus                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>9 |
| Polyp Stromal                | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| Vagina                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2       |
| Granular Cell Tumor Benign   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Leiomyosarcoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |

## HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node, Bronchial  | + | M | + | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 7  |
| Lymph Node, Mandibular | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 0  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE<br>25 ppm         | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | * TOTALS |   |
|---|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----|----------|---|
|   |                          | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 |   |    |          |   |
| Lymph Node, Mediastinal                   | M                        | M                | +                | +                | +                | +                | +                | M                | M                | +                | +                | +                | +                | M                | M                | +                | +                | +                | +                | M                | +                | M                | M                | + | +  | 26       |   |
| Carcinoma, Metastatic, Thyroid Gland      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |   |    | 1        |   |
| Lymph Node, Mesenteric                    | +                        | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +  | 50       |   |
| Spleen                                    | +                        | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +  | 50       |   |
| Schwannoma Malignant, Metastatic, Heart   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 1        |   |
| Thymus                                    | +                        | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +  | 45       |   |
| Thymoma Benign                            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |   |    | 1        |   |
| <b>INTEGUMENTARY SYSTEM</b>               |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    |          |   |
| Mammary Gland                             | +                        | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +  | 50       |   |
| Carcinoma, Multiple                       |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |   |    |          | 1 |
| Fibroadenoma                              | X                        | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X | 18 |          |   |
| Fibroadenoma, Multiple                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                | X                | X | X  | 16       |   |
| Schwannoma Malignant, Metastatic, Heart   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 1        |   |
| Skin                                      | +                        | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +  | 50       |   |
| Basal Cell Adenoma                        |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |   |    |          | 1 |
| Subcutaneous Tissue, Fibroma              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 2        |   |
| Subcutaneous Tissue, Neural Crest Tumor   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    | 1        |   |
| Subcutaneous Tissue, Schwannoma Malignant |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | X  | 1        |   |
| <b>MUSCULOSKELETAL SYSTEM</b>             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    |          |   |
| Bone                                      | +                        | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +  | 50       |   |
| Osteoma                                   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    |          | 1 |
| Skeletal Muscle                           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    |          | 2 |
| Schwannoma Malignant, Metastatic, Heart   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |    |          | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|-------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                         |             | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |                       |
| 25 ppm                  | ANIMAL ID   | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>3 | * TOTALS              |
|                         |             | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>3 |

**NERVOUS SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma, Metastatic, Pituitary Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Oligodendrogloma Benign                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Larynx                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Schwannoma Malignant, Metastatic, Heart |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Mesenchymal Tumor Malignant, Metastatic, Kidney |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant, Metastatic, Heart         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

|        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|
| Pleura |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | 1 |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Trachea                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Schwannoma Malignant, Metastatic, Heart |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Harderian Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 50 |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Schwannoma Malignant, Metastatic, Heart |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

**URINARY SYSTEM**

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE                 | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |          |
|---|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----------|
|   |             | 0<br>7 |          |          |
| 25 ppm                                  | ANIMAL ID   | 0<br>0   | * TOTALS |
|   |             | 0<br>3 | 3<br>3   | 1        |
| Mesenchymal Tumor Malignant             |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1        |
| Schwannoma Malignant, Metastatic, Heart |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1        |
| Urinary Bladder                         |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |          |
| Leiomyosarcoma, Metastatic, Vagina      |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1        |

## SYSTEMIC LESIONS

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Multiple Organ         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Leukemia Mononuclear   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 11 |
| Mesothelioma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | 50 ppm | ANIMAL ID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |  |
|-------------------------|--------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|--|
|                         |        |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |
|                         |        |           | 4           | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |                      |  |
|                         |        |           | 2           | 2 | 1 | 1 | 2 | 6 | 6 | 7 | 8 | 0 | 0 | 2 | 3 | 5 | 6 | 7 | 7 | 9 | 1 | 2 | 2 | 3 | 3 | 3 | 3                    |  |
|                         |        |           | 1           | 3 | 4 | 4 | 6 | 3 | 3 | 9 | 3 | 3 | 6 | 1 | 4 | 9 | 3 | 0 | 2 | 8 | 5 | 6 | 2 | 9 | 1 | 1 | 1                    |  |
|                         |        |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |  |
|                         |        |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |  |
|                         |        |           | 5           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5                    |  |
|                         |        |           | 4           | 4 | 3 | 3 | 2 | 0 | 2 | 3 | 0 | 3 | 2 | 1 | 0 | 3 | 1 | 1 | 0 | 2 | 4 | 3 | 3 | 0 | 1 | 1 | 2                    |  |
|                         |        |           | 8           | 2 | 0 | 7 | 6 | 4 | 7 | 9 | 1 | 3 | 5 | 3 | 7 | 2 | 9 | 4 | 8 | 8 | 9 | 5 | 6 | 2 | 1 | 7 | 1                    |  |

## ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Adenoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |  |  |
| Mesentery                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |  |

## CARDIOVASCULAR SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |                      |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|----------------------|
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |                      |
| 50 ppm                  | ANIMAL ID   | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | females<br>(cont...) |
|                         |             | 2 | 2 | 1 | 1 | 2 | 6 | 6 | 7 | 8 | 0 | 0 | 2 | 3 | 5 | 6 | 7 | 7 | 9 | 1 | 2 | 2 | 3 | 3 | 3 | 3                    |                      |
|                         |             | 1 | 3 | 4 | 4 | 6 | 3 | 3 | 9 | 3 | 3 | 6 | 1 | 4 | 9 | 3 | 0 | 2 | 8 | 5 | 6 | 7 | 2 | 9 | 1 | 1                    |                      |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |                      |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |                      |
|                         |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5                    |                      |
|                         |             | 4 | 4 | 3 | 3 | 2 | 0 | 2 | 3 | 0 | 3 | 2 | 1 | 0 | 3 | 1 | 1 | 0 | 2 | 4 | 3 | 3 | 0 | 1 | 1 | 2                    |                      |
|                         |             | 8 | 2 | 0 | 7 | 6 | 4 | 7 | 9 | 1 | 3 | 5 | 3 | 7 | 2 | 9 | 4 | 8 | 8 | 9 | 5 | 6 | 2 | 1 | 7 | 1                    |                      |

**ENDOCRINE SYSTEM**Adrenal Cortex  
Adenoma

+ +

Adrenal Medulla  
Pheochromocytoma Benign  
Pheochromocytoma Malignant  
Bilateral, Pheochromocytoma Benign

+ +

X

Islets, Pancreatic  
Adenoma  
Carcinoma

+ +

X

X

Parathyroid Gland

M + + + + + + + + + + M + + + + + + + + + + + + + + + + M

Pituitary Gland  
Pars Distalis, Adenoma

+ +

X

X

X

X

X

X

Thyroid Gland  
C-cell, Adenoma  
C-cell, Carcinoma

+ | +

X

X

X

X

X

**GENERAL BODY SYSTEM**

Peritoneum

+

**GENITAL SYSTEM**Clitoral Gland  
Adenoma

+ + M + + + M +

X

Ovary

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
| 50 ppm                  | ANIMAL ID   | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7                    |   |
|                         |             | 2 | 2 | 1 | 1 | 2 | 6 | 6 | 7 | 8 | 0 | 0 | 2 | 3 | 5 | 6 | 7 | 7 | 9 | 1 | 2 | 2 | 3 | 3 | 3 | 3                    |   |
| 1                       | 1           | 3 | 3 | 4 | 4 | 6 | 3 | 3 | 9 | 3 | 3 | 6 | 1 | 4 | 9 | 3 | 0 | 7 | 2 | 8 | 5 | 6 | 1 | 2 | 9 | 1                    | 1 |
|                         |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5                    | 5 |
| 8                       | 8           | 4 | 4 | 3 | 3 | 2 | 0 | 2 | 3 | 0 | 3 | 2 | 1 | 0 | 3 | 1 | 1 | 0 | 2 | 4 | 3 | 3 | 0 | 1 | 1 | 2                    | 1 |
|                         |             | 2 | 2 | 0 | 7 | 6 | 4 | 7 | 9 | 1 | 3 | 5 | 3 | 7 | 2 | 9 | 4 | 8 | 8 | 9 | 5 | 6 | 2 | 1 | 7 | 1                    | 1 |

Granulosa Cell Tumor Malignant

Yolk Sac Carcinoma

Uterus

Polyp Stromal

Sarcoma Stromal

Endometrium, Carcinoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |  |

## HEMATOPOIETIC SYSTEM

Bone Marrow

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Lymph Node

|  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Lymph Node, Bronchial

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | + | M | M | M | + | M | M | M | M | M | M | M | M | M | M | + | M | M | M | M | M | M | M | M | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Lymph Node, Mandibular

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | M | M | M | M | + | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Lymph Node, Mediastinal

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | M | M | + | M | M | + | + | + | M | M | M | M | + | M | + | + | M | M | M | M | M | M | + |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Lymph Node, Mesenteric

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Spleen

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Thymus

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | M | + | + | + | + | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Thymoma Malignant

## INTEGUMENTARY SYSTEM

Mammary Gland

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Carcinoma

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Fibroadenoma

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Fibroadenoma, Multiple

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue



Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | DAY ON TEST |                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
|-------------------------|-------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|--|--|
|                         |             | 0<br>4<br>2<br>1       | 0<br>4<br>2<br>3      | 0<br>5<br>1<br>4      | 0<br>5<br>2<br>6      | 0<br>5<br>6<br>3      | 0<br>5<br>7<br>3      | 0<br>6<br>0<br>3      | 0<br>6<br>1<br>4      | 0<br>6<br>5<br>9      | 0<br>6<br>6<br>3      | 0<br>6<br>7<br>0      | 0<br>6<br>7<br>2      | 0<br>6<br>9<br>8      | 0<br>7<br>1<br>5      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      |  |  |  |  |
| 50 ppm                  | ANIMAL ID   | 0<br>0<br>5<br>4<br>8  | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>5<br>3<br>0 | 0<br>0<br>5<br>2<br>7 | 0<br>0<br>5<br>0<br>6 | 0<br>0<br>5<br>2<br>4 | 0<br>0<br>5<br>3<br>7 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>3<br>5 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>1<br>7 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>5<br>1<br>8 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>5<br>1<br>8 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>5<br>1<br>6 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>5<br>1<br>6 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>5<br>1<br>6 | 0<br>0<br>5<br>1<br>5 |  |  |  |  |
|                         |             | females<br>(cont...)   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
|                         |             | Eye                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
|                         |             | Harderian Gland        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
|                         |             | Lacrimal Gland         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
|                         |             | Zymbal's Gland         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
|                         |             | Carcinoma              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
| URINARY SYSTEM          |             |                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
| Kidney                  |             | Renal Tubule, Adenoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
| Urinary Bladder         |             |                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
| SYSTEMIC LESIONS        |             |                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
| Multiple Organ          |             | Leukemia Mononuclear   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |
| Leukemia Mononuclear    |             | Mesothelioma Malignant |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE   | 50 ppm                | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                           |                       |                       | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |          |
| ANIMAL ID                 | 0<br>0<br>5<br>2<br>9 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>5<br>0<br>9 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>2<br>2<br>0 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>4<br>4<br>0 | 0<br>0<br>5<br>5<br>5 | 0<br>0<br>5<br>4<br>0 | * TOTALS |
| Esophagus                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Intestine Large, Cecum    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |          |
| Intestine Large, Colon    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |          |
| Intestine Large, Rectum   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Adenoma                   | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Intestine Small, Duodenum | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Intestine Small, Ileum    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Intestine Small, Jejunum  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Liver                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Hepatocellular Adenoma    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Mesentery                 |                       | +                     |                       | +                     |                       |                       | +                     |                       | +                     | +                     | +                     |                       | +                     |                       |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | 23       |
| Pancreas                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Salivary Glands           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Stomach, Forestomach      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Stomach, Glandular        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |

## CARDIOVASCULAR SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | 50 ppm                | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |          |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                         |                       |                       | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |          |
| ANIMAL ID               | 0<br>0<br>5<br>2<br>9 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>5<br>0<br>9 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>2<br>2<br>0 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>4<br>4<br>0 | 0<br>0<br>5<br>5<br>0 | 0<br>0<br>5<br>5<br>6 | 0<br>0<br>5<br>4<br>0 | 0<br>0<br>5<br>5<br>6 | 0<br>0<br>5<br>5<br>0 | 0<br>0<br>5<br>5<br>6 | 0<br>0<br>5<br>5<br>0 | 0<br>0<br>5<br>5<br>6 | 0<br>0<br>5<br>5<br>0 | 0<br>0<br>5<br>5<br>6 | 0<br>0<br>5<br>5<br>0 | 0<br>0<br>5<br>5<br>6 | * TOTALS |
|                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |

## ENDOCRINE SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                            |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Adrenal Medulla                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Pheochromocytoma Benign            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pheochromocytoma Malignant         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Bilateral, Pheochromocytoma Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  |
| Islets, Pancreatic                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Carcinoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Parathyroid Gland                  | + | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Pituitary Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Pars Distalis, Adenoma             | X | X | X | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | 25 |
| Thyroid Gland                      | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| C-cell, Adenoma                    |   |   |   |   | X |   |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | X |   | 6  |
| C-cell, Carcinoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

## GENERAL BODY SYSTEM

|            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Peritoneum |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

## GENITAL SYSTEM

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | + | + | + | + | 45 |
| Adenoma        |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   | 3  |
| Ovary          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE     | DAY ON TEST |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|-------------|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                             |             | 0<br>7<br>3<br>1               | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50 ppm                      | ANIMAL ID   | 0<br>0<br>5<br>2<br>9          | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>5<br>0<br>9 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>2<br>2<br>3 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>4<br>0<br>0 | 0<br>0<br>4<br>5<br>5 | 0<br>0<br>5<br>0<br>6 | 0<br>0<br>5<br>1<br>0 | 0<br>0<br>5<br>1<br>2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                             |             | Granulosa Cell Tumor Malignant |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Yolk Sac Carcinoma          |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Uterus                      |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Polyp Stromal               |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sarcoma Stromal             |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Endometrium, Carcinoma      |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HEMATOPOIETIC SYSTEM</b> |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bone Marrow                 |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node                  |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Bronchial       |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Mandibular      |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Mediastinal     |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Mesenteric      |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spleen                      |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thymus                      |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thymoma Malignant           |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INTEGUMENTARY SYSTEM</b> |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mammary Gland               |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Carcinoma                   |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fibroadenoma                |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fibroadenoma, Multiple      |             |                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE                                 | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |   |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
|   |             | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |                       |   |
| 50 ppm  | ANIMAL ID   | 0<br>0<br>5<br>2<br>9 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>5<br>0<br>5 | 0<br>0<br>5<br>0<br>9 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>5<br>1<br>6 | 0<br>0<br>5<br>2<br>0 | 0<br>0<br>5<br>2<br>2 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>4 | 0<br>0<br>5<br>4<br>0 | 0<br>0<br>5<br>4<br>5 | 0<br>0<br>5<br>4<br>0 | 0<br>0<br>5<br>4<br>6 | 0<br>0<br>5<br>4<br>0 | 0<br>0<br>5<br>4<br>1 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>5<br>4<br>8 | 0<br>0<br>5<br>4<br>1 | 0<br>0<br>5<br>4<br>6 | 0<br>0<br>5<br>4<br>7 |   |
|   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Skin  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |   |
| Keratoacanthoma   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 |
| Subcutaneous Tissue, Fibroma                            |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 |
| Subcutaneous Tissue, Sarcoma                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 |
| <b>MUSCULOSKELETAL SYSTEM</b>                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Bone  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |   |
| Chondroma   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 |
| Skeletal Muscle   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 |
| Sarcoma   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 |
| <b>NERVOUS SYSTEM</b>                                   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Brain   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |   |
| <b>RESPIRATORY SYSTEM</b>                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Larynx  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |   |
| Lung  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |   |
| Alveolar/Bronchiolar Adenoma                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4 |
| Pheochromocytoma Malignant, Metastatic, Adrenal Medulla |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 |
| Sarcoma, Metastatic, Skeletal Muscle                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 |
| Nose  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |   |
| Trachea   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |   |
| <b>SPECIAL SENSES SYSTEM</b>                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

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I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |    |
|-------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|                         |             | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |                       |    |
| 50 ppm                  | ANIMAL ID   | 0<br>0<br>5<br>2<br>9 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>5<br>0<br>9 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>5<br>1<br>6 | 0<br>0<br>5<br>2<br>0 | 0<br>0<br>5<br>2<br>2 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>4 | 0<br>0<br>5<br>4<br>0 | 0<br>0<br>5<br>4<br>5 | 0<br>0<br>5<br>4<br>0 | 0<br>0<br>5<br>4<br>6 | 0<br>0<br>5<br>4<br>0 | 0<br>0<br>5<br>4<br>1 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>5<br>4<br>8 | 0<br>0<br>5<br>4<br>1 | 0<br>0<br>5<br>4<br>6 | 0<br>0<br>5<br>4<br>7 |    |
|                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Eye                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |    |
| Harderian Gland         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Lacrimal Gland          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Zymbal's Gland          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Carcinoma               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X  |
| <b>URINARY SYSTEM</b>   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Kidney                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Renal Tubule, Adenoma   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Urinary Bladder         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| <b>SYSTEMIC LESIONS</b> |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Multiple Organ          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Leukemia Mononuclear    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X  |
| Mesothelioma Malignant  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | 100 ppm | DAY ON TEST | ANIMAL ID |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|-------------------------|---------|-------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                         |         |             | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                         |         | 1           | 3         | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7                    |
|                         |         | 1           | 9         | 6 | 7 | 8 | 0 | 2 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 8 | 9 | 9 | 9 | 0 | 0 | 0                    |
|                         |         | 6           | 5         | 7 | 9 | 6 | 7 | 8 | 2 | 2 | 5 | 5 | 5 | 6 | 6 | 9 | 0 | 6 | 6 | 7 | 3 | 1 | 7 | 8 | 1 | 3 |                      |
|                         |         | 0           | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|                         |         | 0           | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|                         |         | 7           | 7         | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |
|                         |         | 3           | 0         | 1 | 1 | 4 | 4 | 2 | 0 | 2 | 2 | 1 | 2 | 0 | 1 | 4 | 3 | 2 | 3 | 1 | 2 | 4 | 4 | 5 | 3 | 1 | 1                    |
|                         |         | 7           | 2         | 0 | 8 | 5 | 7 | 6 | 9 | 0 | 2 | 3 | 4 | 1 | 7 | 2 | 1 | 3 | 8 | 4 | 8 | 8 | 0 | 0 | 4 | 6 |                      |

## ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Cecum           | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Ileum           | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Jejunum         | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hepatocellular Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mesentery            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Oral Mucosa          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |  |
| Pancreas             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

## CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|   |  | DAY ON TEST |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | females<br>(cont...) |  |
|---|--|-------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|
| FISCHER 344 RATS FEMALE                                 |  | 100 ppm     | ANIMAL ID |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |
| 0     |  |             |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |
| 1 3 5 5 5 6     |  |             |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |
| 1 9 6 7 8 0 2 4 4 5 5 5 5 5 6 6 6 7 7 7 8 9 9 9 0 0     |  |             |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |
| 1 6 5 7 9 6 7 8 2 2 5 5 5 6 6 6 9 0 6 6 7 7 3 1 7 8 1 3 |  |             |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |
| 0     |  |             |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |
| 0     |  |             |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |
| 7     |  |             |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |
| 3 0 1 1 4 4 2 0 2 2 1 2 0 1 4 3 2 3 1 2 4 4 5 3 1 1     |  |             |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |
| 7 2 0 8 5 7 6 9 0 2 3 4 1 7 2 1 3 8 4 8 8 0 0 4 6       |  |             |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |

Heart

+ +

**ENDOCRINE SYSTEM**Adrenal Cortex  
Adenoma

+ +

X

Adrenal Medulla  
Pheochromocytoma Benign  
Bilateral, Pheochromocytoma Benign

+ M +

Islets, Pancreatic  
Adenoma

+ +

Parathyroid Gland

+ +

Pituitary Gland  
Pars Distalis, Adenoma  
Pars Distalis, Carcinoma

+ + | + X

X

Thyroid Gland  
C-cell, Adenoma  
C-cell, Carcinoma  
Follicular Cell, Adenoma

+ +

X

X

**GENERAL BODY SYSTEM**

Peritoneum

+ +

X

**GENITAL SYSTEM**Clitoral Gland  
Adenoma

+ +

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue



Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE<br>100 ppm       | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |   |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|---|
|  |                          | 0<br>1<br>1<br>6 | 0<br>3<br>9<br>5 | 0<br>5<br>6<br>7 | 0<br>5<br>8<br>9 | 0<br>6<br>0<br>6 | 0<br>6<br>4<br>2 | 0<br>6<br>4<br>2 | 0<br>6<br>5<br>2 | 0<br>6<br>5<br>5 | 0<br>6<br>6<br>6 |                      |   |
| Fibroadenoma                             |                          |                  |                  |                  |                  | X                | X                |                  | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                | X                |                      |   |
| Fibroadenoma, Multiple                   |                          |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Skin                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |   |
| <b>MUSCULOSKELETAL SYSTEM</b>            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Bone                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |   |
| <b>NERVOUS SYSTEM</b>                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Brain                                    |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |   |
| Carcinoma, Metastatic, Pituitary Gland   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Oligodendrolioma Malignant               |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| <b>RESPIRATORY SYSTEM</b>                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Larynx                                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |   |
| Lung                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |   |
| Alveolar/Bronchiolar Carcinoma, Multiple |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Nose                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |   |
| Chondroma                                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Respiratory Epithelium, Adenoma          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Pleura                                   |                          | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Trachea                                  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |   |
| <b>SPECIAL SENSES SYSTEM</b>             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Eye                                      |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                    | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE | 100 ppm | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|-------------------------|---------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                         |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| ANIMAL ID               | 1       | 3           | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |                      |
|                         | 1       | 9           | 6 | 7 | 8 | 0 | 2 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 8 | 9 | 9 | 9 | 0 | 0 |                      |
| Harderian Gland         |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| Lacrimal Gland          |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| <b>URINARY SYSTEM</b>   |         |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      |
| Kidney                  |         |             | 3 | 0 | 1 | 1 | 4 | 4 | 2 | 0 | 2 | 2 | 1 | 2 | 0 | 1 | 4 | 3 | 2 | 3 | 1 | 2 | 4 | 4 | 5 | 3 |                      |
| Urinary Bladder         |         |             | 7 | 2 | 0 | 8 | 5 | 7 | 6 | 9 | 0 | 2 | 3 | 4 | 1 | 7 | 2 | 1 | 3 | 8 | 4 | 8 | 0 | 0 | 4 | 6 |                      |
| <b>SYSTEMIC LESIONS</b> |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Multiple Organ          |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Histiocytic Sarcoma     |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Leukemia Mononuclear    |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Lymphoma Malignant      |         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| X                       |         |             | X | X |   | X | X |   | X | X | X |   | X | X | X |   | X | X | X |   | X | X | X |   | X | X |                      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE<br>100 ppm | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             | * TOTALS |
|------------------------------------|--------------------------|------------------|------------------|------------------|------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|
|                                    |                          | 0<br>7<br>0<br>4 | 0<br>7<br>0<br>5 | 0<br>7<br>1<br>2 | 0<br>7<br>2<br>5 | 0<br>3<br>1 |          |
|                                    |                          | 0<br>7<br>0<br>5 | 0<br>7<br>0<br>5 | 0<br>7<br>1<br>2 | 0<br>7<br>2<br>5 | 0<br>3<br>1 |          |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum          | + | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 1  |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 1  |
| Mesentery                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 24 |
| Oral Mucosa                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Glandular               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**CARDIOVASCULAR SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE            | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |          |
|------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                    |             | 0<br>7<br>0<br>4      | 0<br>7<br>0<br>5      | 0<br>7<br>1<br>2      | 0<br>7<br>2<br>5      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      |                       |          |
| 100 ppm                            | ANIMAL ID   | 0<br>0<br>7<br>0<br>5 | 0<br>0<br>7<br>0<br>3 | 0<br>0<br>7<br>7<br>7 | * TOTALS |
| Heart                              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| <b>ENDOCRINE SYSTEM</b>            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Adrenal Cortex                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Adenoma                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Adrenal Medulla                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |
| Pheochromocytoma Benign            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Bilateral, Pheochromocytoma Benign |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| X                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Islets, Pancreatic                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Adenoma                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Parathyroid Gland                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47       |
| Pituitary Gland                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |
| Pars Distalis, Adenoma             |             | X                     | X                     | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 28       |
| Pars Distalis, Carcinoma           |             |                       |                       |                       |                       | X                     | X                     |                       | X                     | X                     | X                     |                       |                       |                       | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | 1        |
| Thyroid Gland                      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| C-cell, Adenoma                    |             | X                     | X                     | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 11       |
| C-cell, Carcinoma                  |             |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Follicular Cell, Adenoma           |             |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |

**GENERAL BODY SYSTEM**

|            |  |   |   |
|------------|--|---|---|
| Peritoneum |  | + | 1 |
|------------|--|---|---|

**GENITAL SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenoma        | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|                             | DAY ON TEST |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |  |
|-----------------------------|-------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|
|                             |             | 0<br>7<br>0<br>4 | 0<br>7<br>0<br>5      | 0<br>7<br>1<br>2      | 0<br>7<br>2<br>5      | 0<br>3<br>1           | 0<br>3<br>1           | 0<br>3<br>1           | 0<br>3<br>1           | 0<br>3<br>1           | 0<br>3<br>2           | 0<br>3<br>2           | 0<br>3<br>2           | 0<br>3<br>2           | 0<br>3<br>2           | 0<br>3<br>2           | 0<br>3<br>3           | 0<br>3<br>3           | 0<br>3<br>3           | 0<br>3<br>3           | 0<br>3<br>3           |          |  |
| FISCHER 344 RATS FEMALE     | ANIMAL ID   | 100 ppm          | 0<br>0<br>7<br>0<br>5 | 0<br>0<br>7<br>0<br>3 | 0<br>0<br>7<br>0<br>8 | 0<br>0<br>7<br>0<br>5 | 0<br>0<br>7<br>0<br>9 | 0<br>0<br>7<br>0<br>0 | 0<br>0<br>7<br>0<br>9 | 0<br>0<br>7<br>0<br>6 | 0<br>0<br>7<br>0<br>9 | 0<br>0<br>7<br>0<br>0 | 0<br>0<br>7<br>0<br>9 | 0<br>0<br>7<br>0<br>1 | 0<br>0<br>7<br>0<br>2 | 0<br>0<br>7<br>0<br>3 | 0<br>0<br>7<br>0<br>3 | 0<br>0<br>7<br>0<br>4 | 0<br>0<br>7<br>0<br>5 | 0<br>0<br>7<br>0<br>3 | 0<br>0<br>7<br>0<br>4 | * TOTALS |  |
| Carcinoma                   |             |                  | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       | 5        |  |
| Ovary                       |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Uterus                      |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Polyp Stromal               |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 8        |  |
| Endometrium, Carcinoma      |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Vagina                      |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Polyp                       |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| <b>HEMATOPOIETIC SYSTEM</b> |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Bone Marrow                 |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Lymph Node                  |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Lymph Node, Bronchial       |             |                  | M                     | M                     | M                     | +                     | +                     | M                     | M                     | M                     | M                     | M                     | +                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 10       |  |
| Lymph Node, Mandibular      |             |                  | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 4        |  |
| Lymph Node, Mediastinal     |             |                  | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | M                     | +        |  |
| Lymph Node, Mesenteric      |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 38       |  |
| Spleen                      |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Thymus                      |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 42       |  |
| <b>INTEGUMENTARY SYSTEM</b> |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Mammary Gland               |             |                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Carcinoma                   |             |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4        |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20303 - 05

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Date Report Requested: 12/12/2011

Test Type: CHRONIC

Vinylidene chloride

Time Report Requested: 09:47:55

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 75-35-4

First Dose M/F: 06/06/05 / 06/06/05

Species/Strain: RATS/F 344/N

Lab: BNW

|  | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |    |
|--|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|----|
|  |             | 0<br>7           |          |    |
| FISCHER 344 RATS FEMALE                  | 100 ppm     | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    |
|  |             | 0<br>0<br>4<br>5 | 0<br>1<br>2<br>7 | 1<br>1<br>4<br>5 | 2<br>2<br>5<br>1 | 3<br>3<br>1<br>1 | * TOTALS |    |
| Fibroadenoma                             | X X         |                  |                  | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | 25               |          |    |
| Fibroadenoma, Multiple                   |             | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | 14               |          |    |
| Skin                                     | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |    |
| <b>MUSCULOSKELETAL SYSTEM</b>            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    |
| Bone                                     | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50 |
| <b>NERVOUS SYSTEM</b>                    |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    |
| Brain                                    | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50 |
| Carcinoma, Metastatic, Pituitary Gland   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1  |
| Oligodendrogloma Malignant               |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1  |
| <b>RESPIRATORY SYSTEM</b>                |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    |
| Larynx                                   | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50 |
| Lung                                     | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50 |
| Alveolar/Bronchiolar Carcinoma, Multiple |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1  |
| Nose                                     | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50 |
| Chondroma                                |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1  |
| Respiratory Epithelium, Adenoma          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1  |
| Pleura                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1  |
| Trachea                                  | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50 |
| <b>SPECIAL SENSES SYSTEM</b>             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    |
| Eye                                      | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 49 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

**Experiment Number:** 20303 - 05

## P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

**Test Type:** CHRONIC

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** RATS/F 344/N

## Vinylidene chloride

**CAS Number:** 75-35-4

**Date Report Requested:** 12/12/2011

Time Report Requested: 09:47:55

**First Dose M/F:** 06/06/05 / 06/06/05

Lab: BNW

\*\*\* END OF REPORT \*\*\*

\* .. Total animals with tissue examined microscopically: Total animals with tumor

± = Tissue examined microscopically

Y Lesion present

X .. Lesion present

## M Missing tissue

A - Autolysis precludes evaluation

**BLANK** Not examined microscopically